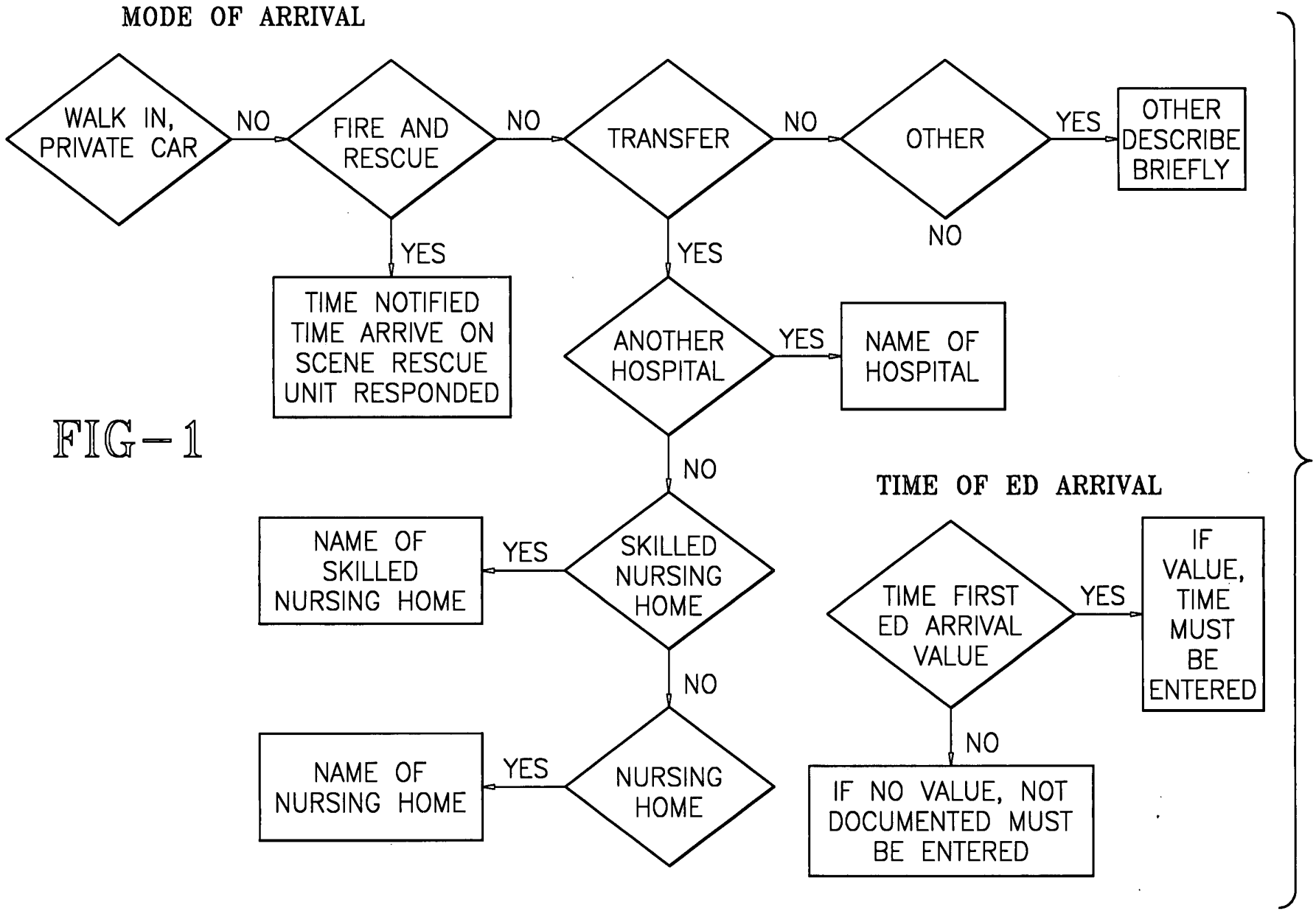
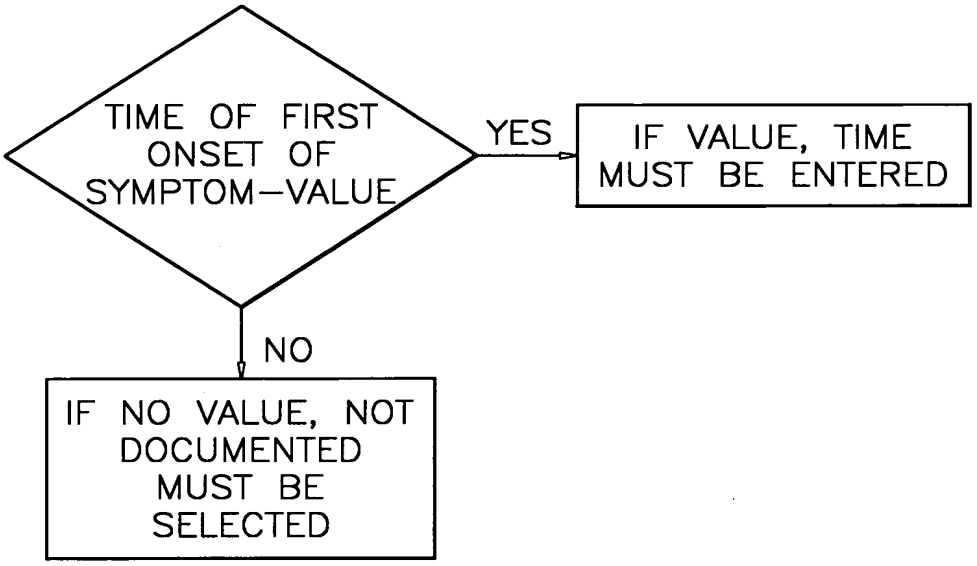


FIG-1

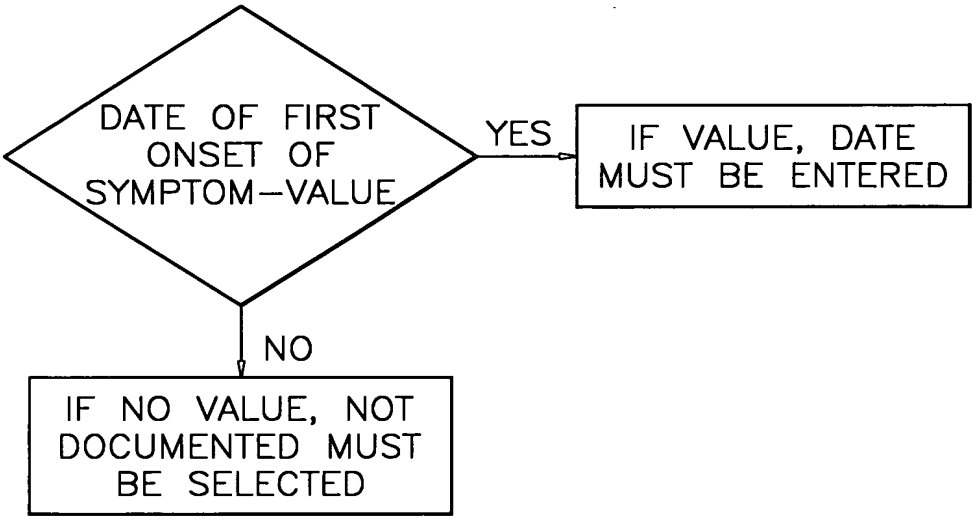
6095973

PATIENT SYMPTOMS

TIME OF FIRST ONSET



DATE OF FIRST ONSET



FIG–2

TIME STAMP AND THE PATIENT CARE PROCESS

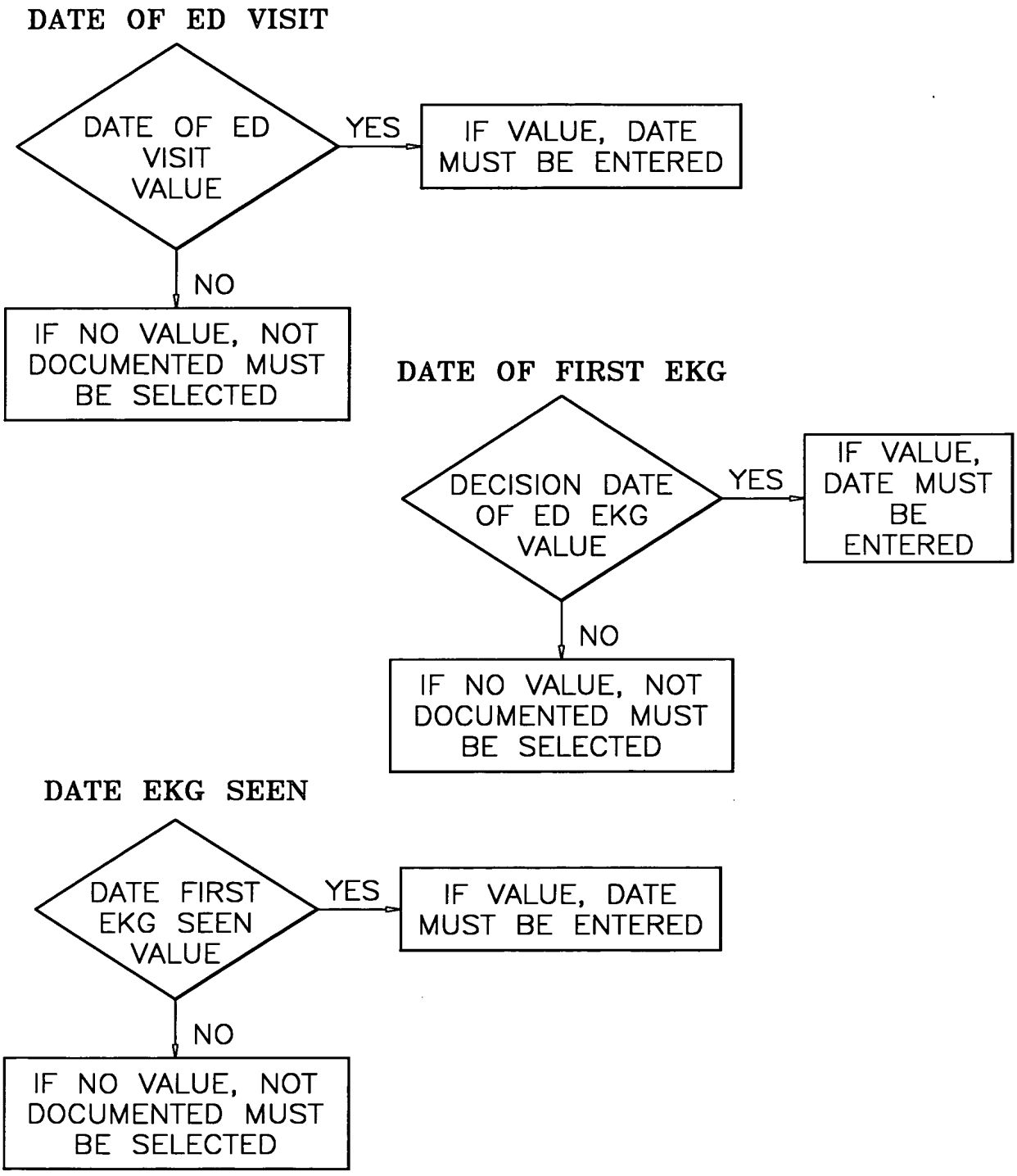
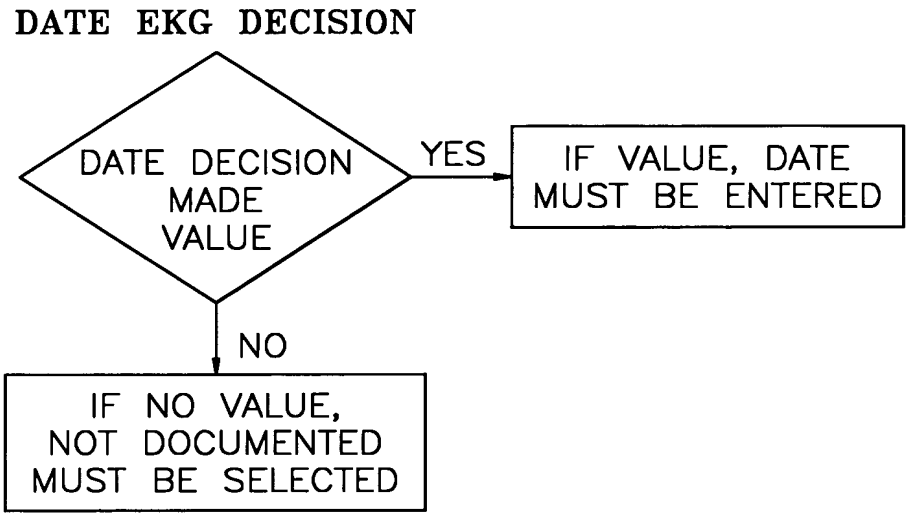
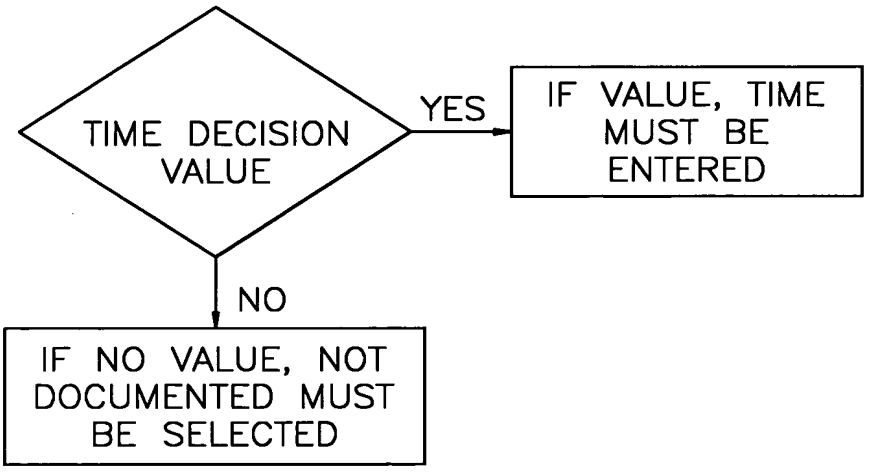
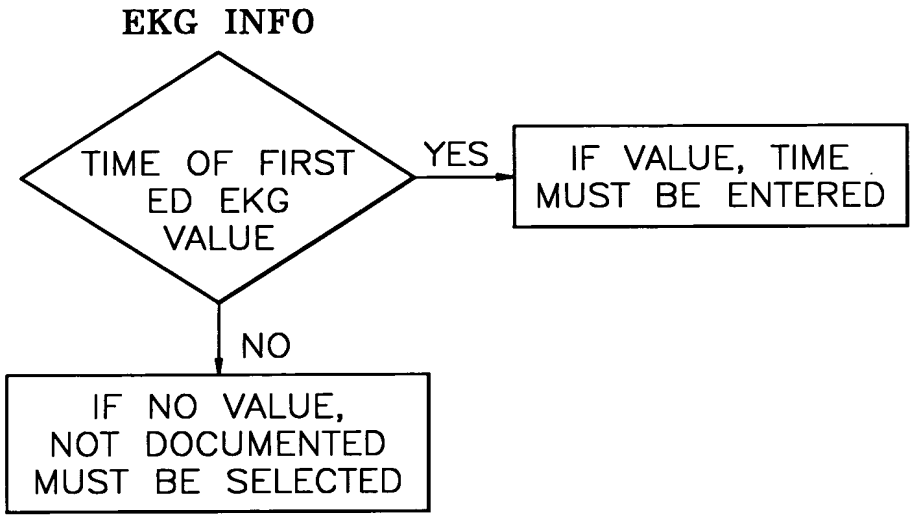


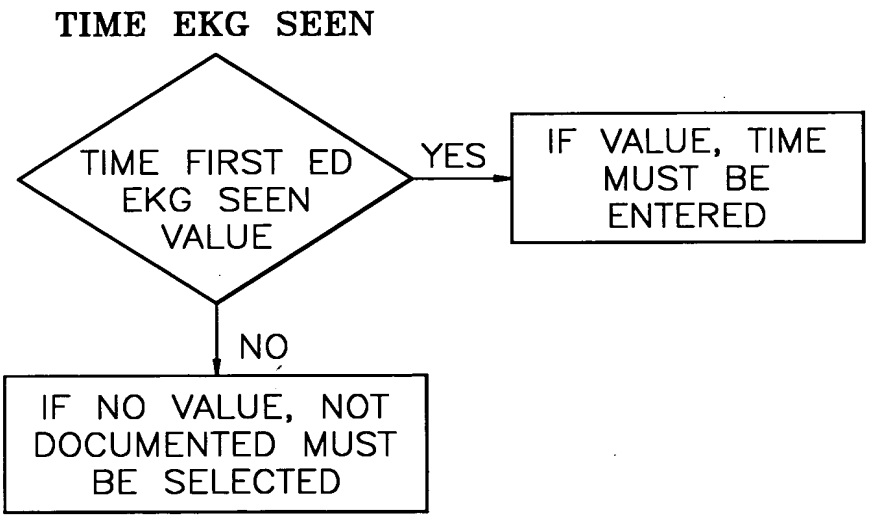
FIG-3


DATE EKG DECISION
DATE DECISION MADE VALUE
YES
IF VALUE, DATE MUST BE ENTERED
NO
IF NO VALUE, NOT DOCUMENTED MUST BE SELECTED


TIME EKG DECISION
TIME DECISION VALUE
YES
IF VALUE, TIME MUST BE ENTERED
NO
IF NO VALUE, NOT DOCUMENTED MUST BE SELECTED

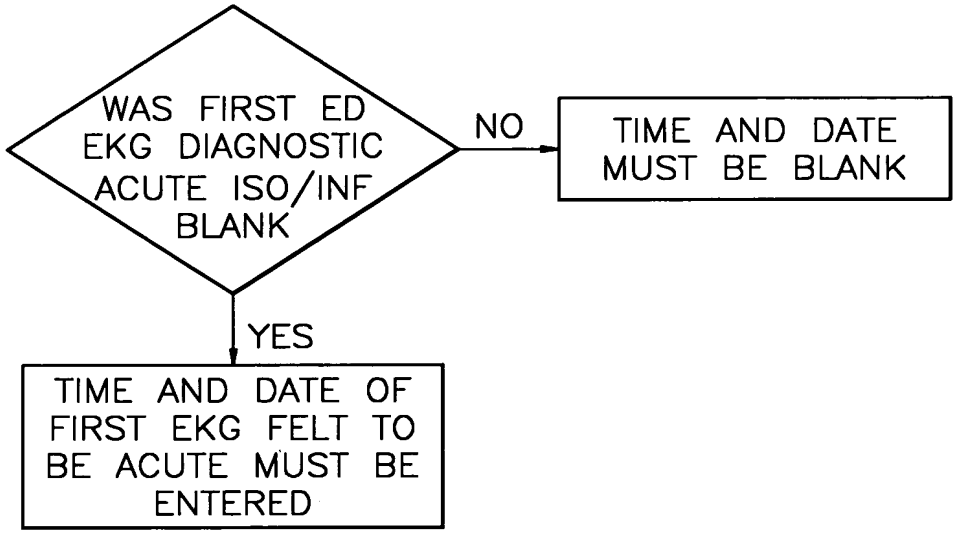
FIG–3A


EKG INFO
TIME OF FIRST ED EKG VALUE
YES
IF VALUE, TIME MUST BE ENTERED
NO
IF NO VALUE, NOT DOCUMENTED MUST BE SELECTED


TIME EKG SEEN
TIME FIRST ED EKG SEEN VALUE
YES
IF VALUE, TIME MUST BE ENTERED
NO
IF NO VALUE, NOT DOCUMENTED MUST BE SELECTED

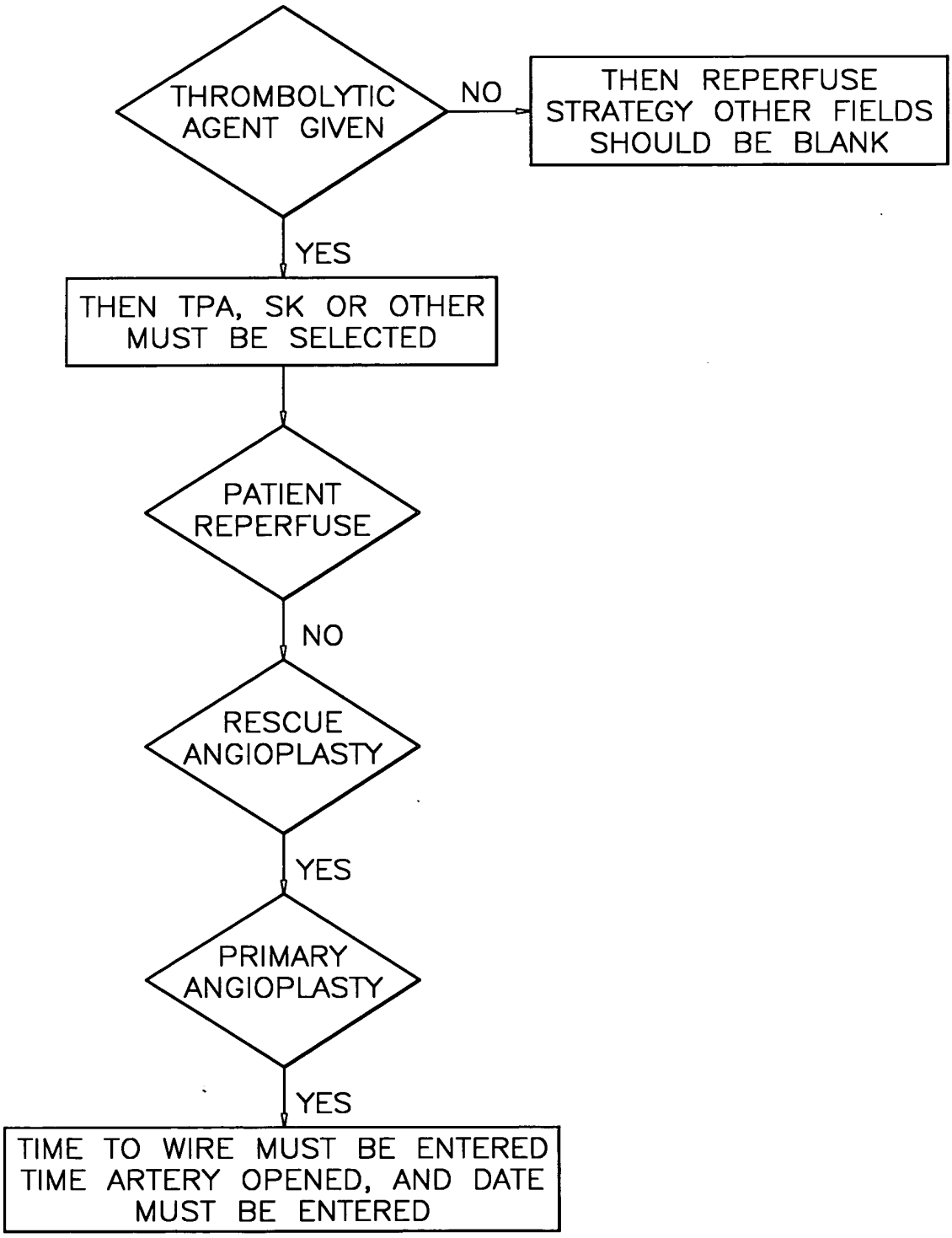
FIG–3B

DIAGNOSTIC ACUTE ISCHEMIA/INFARCTION



FIG–4

REPERFUSION STRATEGY



FIG–5

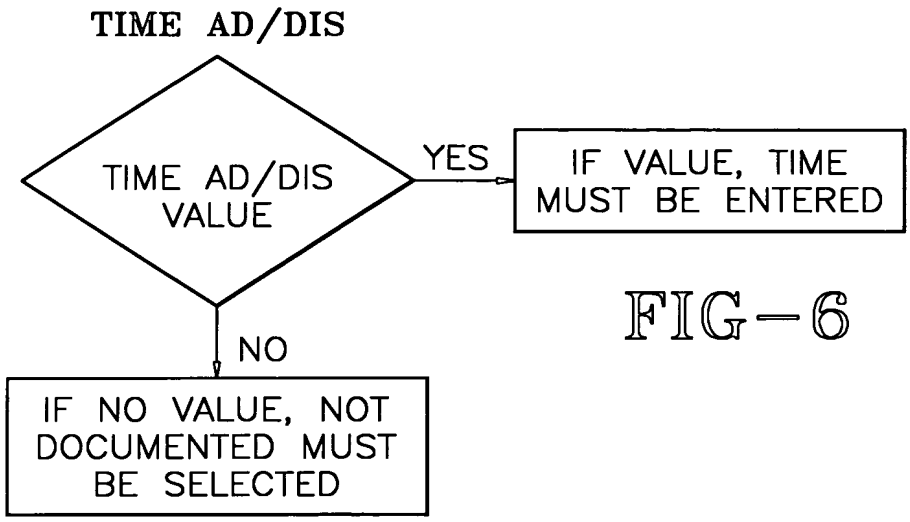


FIG-6

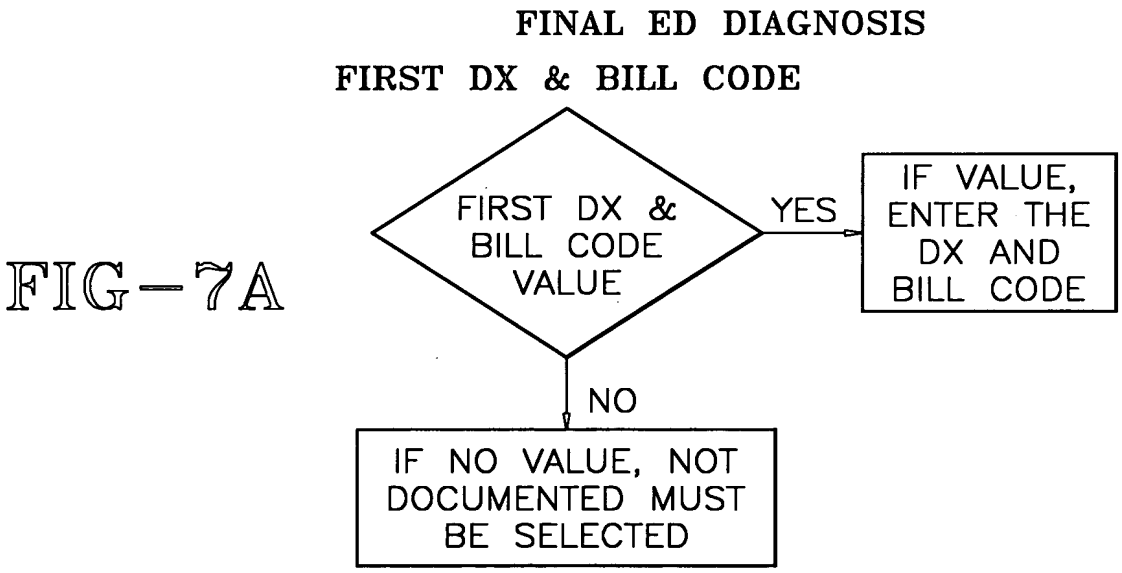


FIG-7A

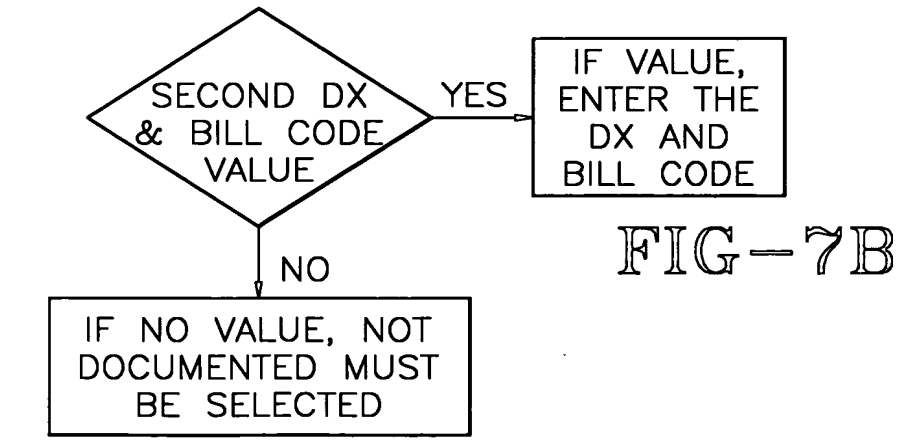


FIG-7B

PATIENT DISPOSITION FROM EMERGENCY

FINAL HOSPITAL DIAGNOSIS

FIRST DX & DRG

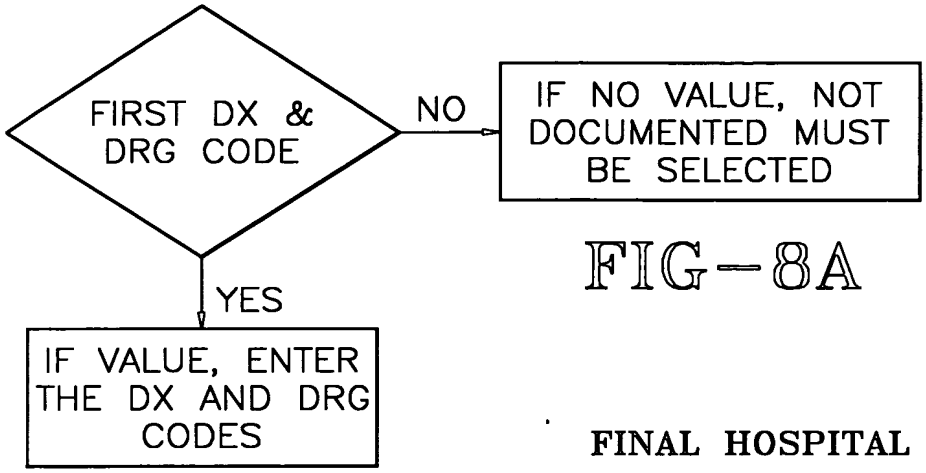


FIG-8A

FINAL HOSPITAL DIAGNOSIS

SECOND DX & DRG

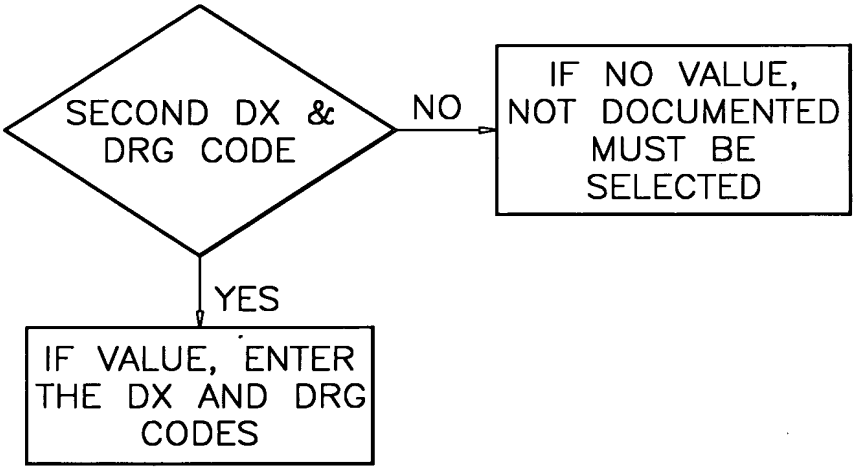


FIG-8B

FINAL HOSPITAL DIAGNOSIS

THIRD DX & DRG

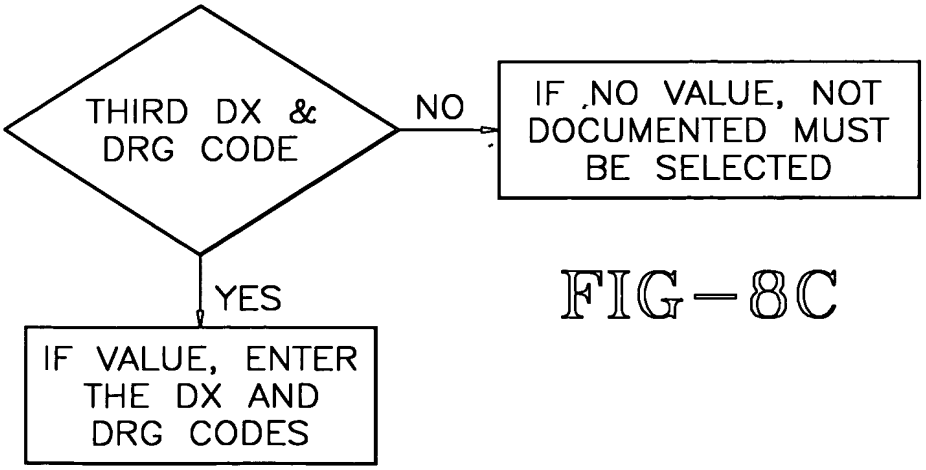


FIG-8C

PRIMARY CARE PHYSICIAN (PCP)

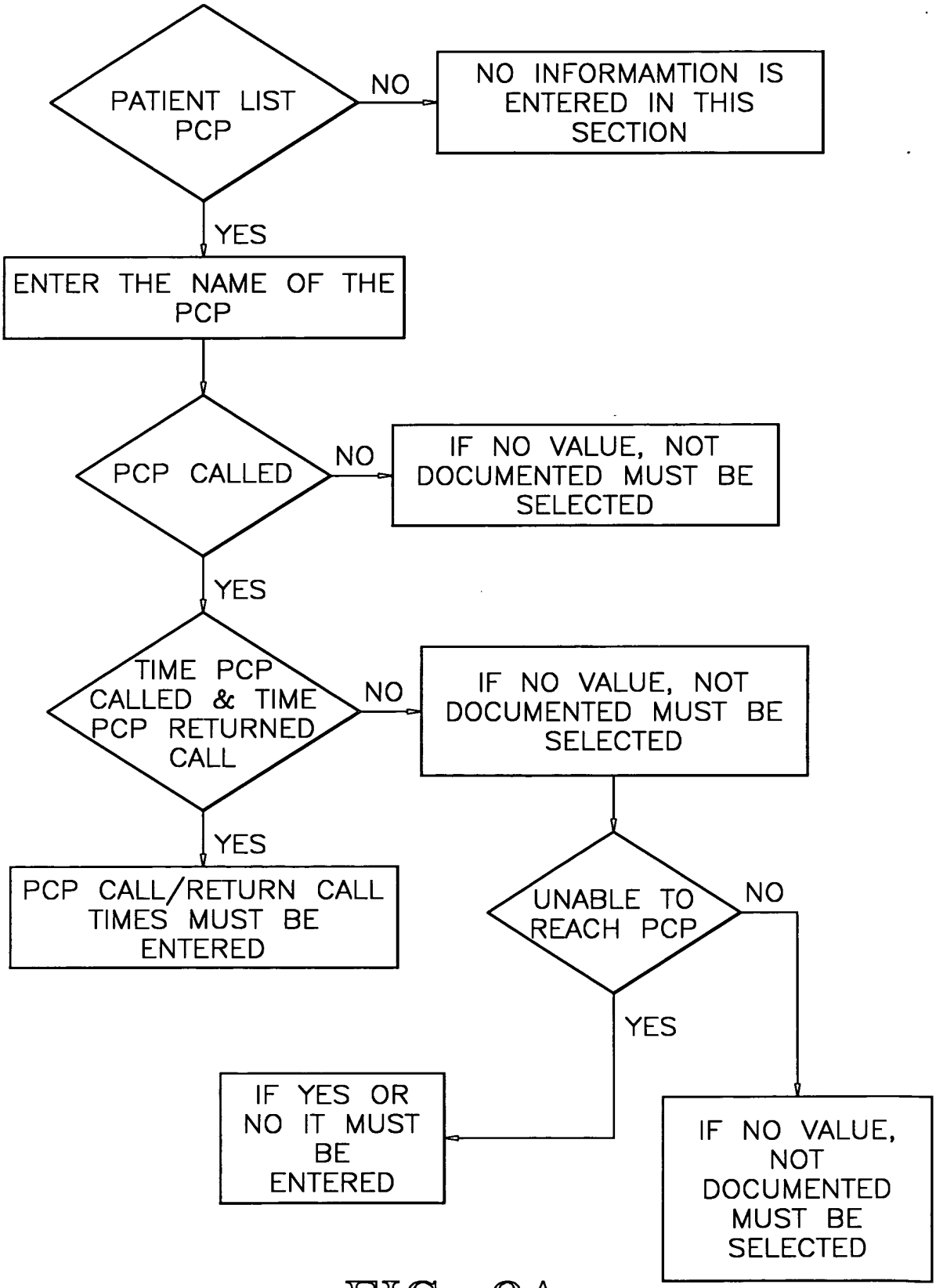
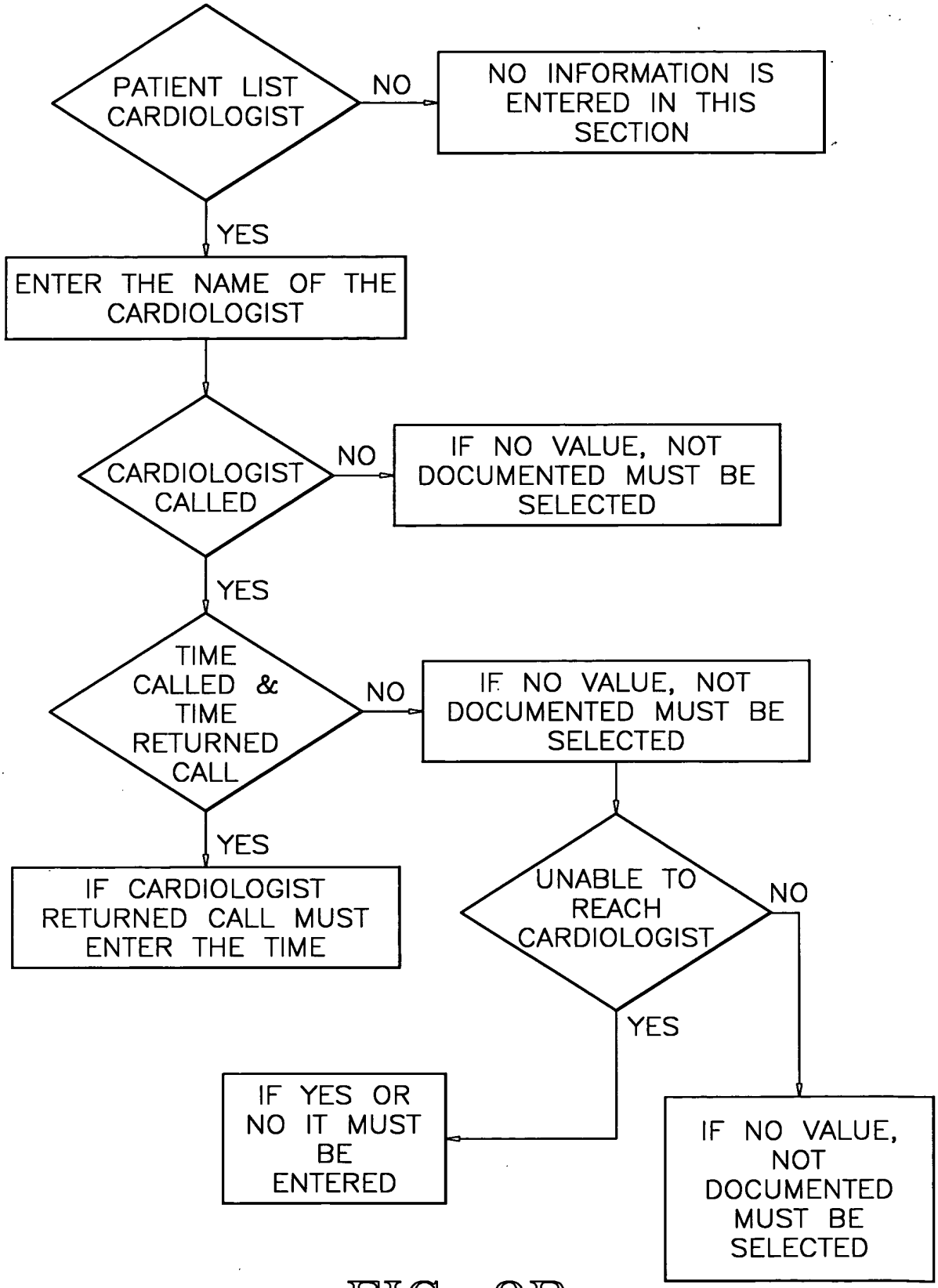


FIG-9A

CARDIOLOGIST



FIG–9B

NO PHYSICIAN LISTED

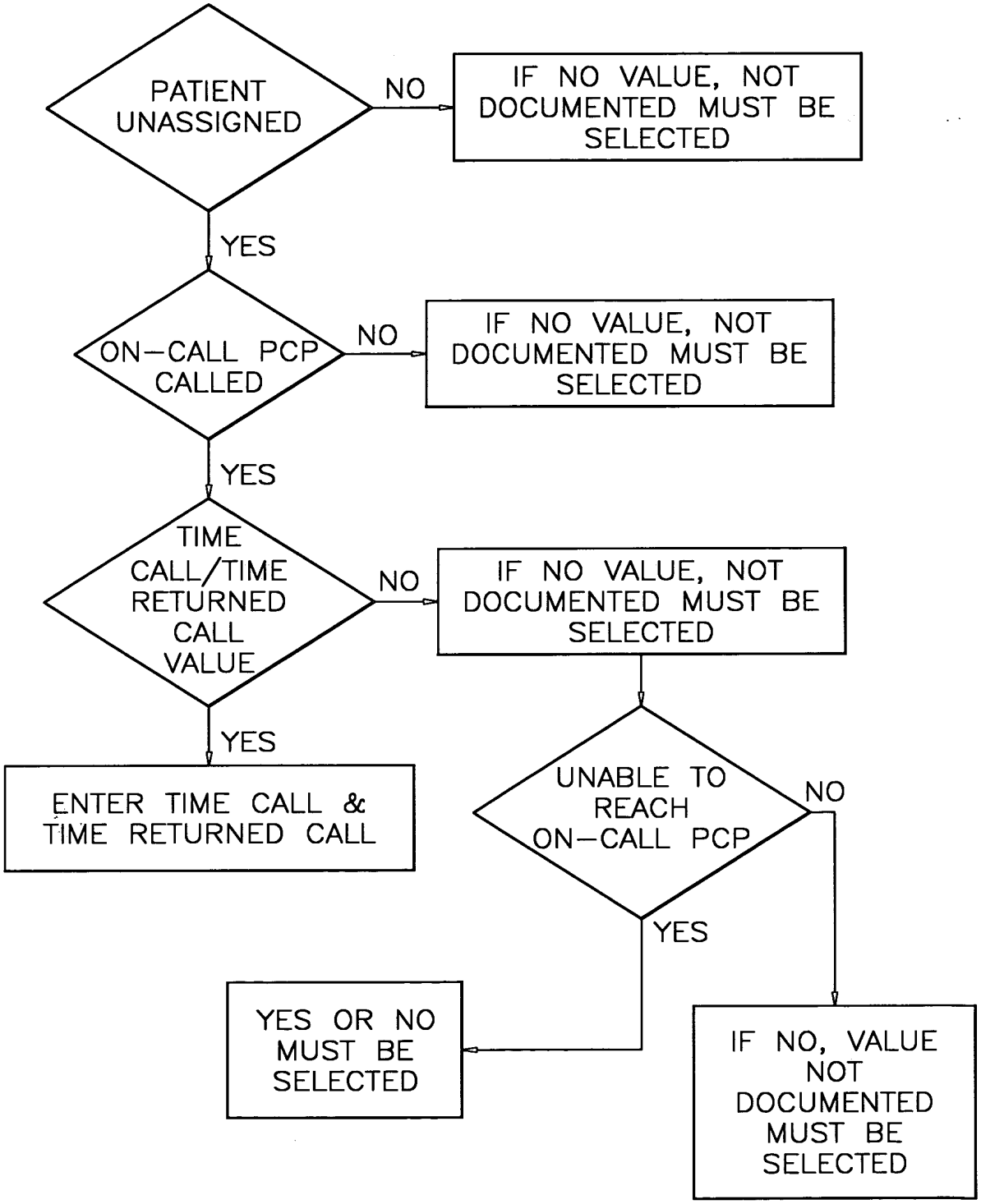


FIG-9C

CARDIO BIOMAKERS

MYOGLOBIN TESTING

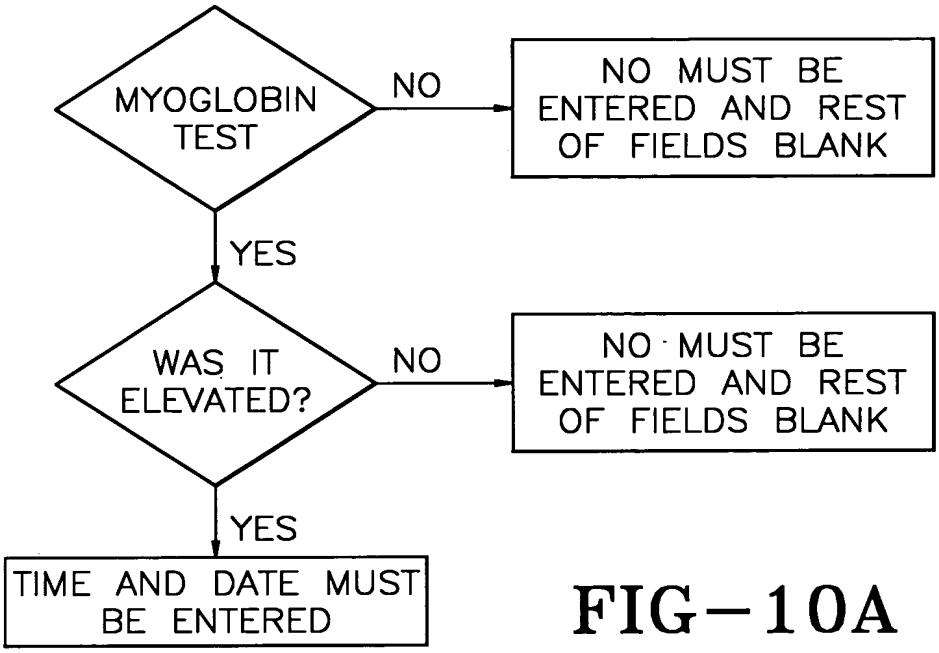


FIG-10A

CREATINE MB(CK-MB) TEST

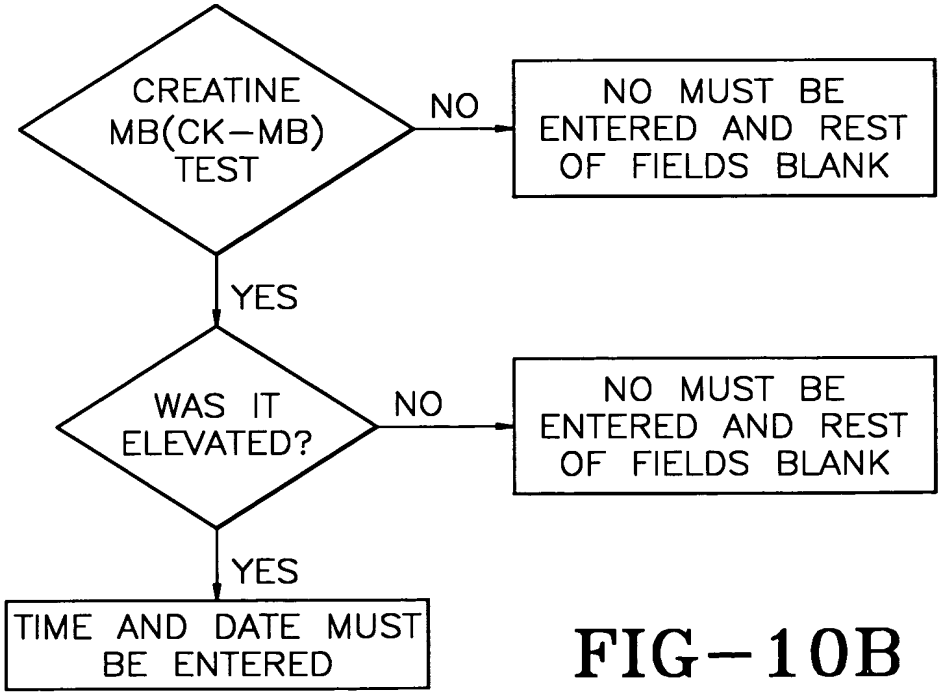
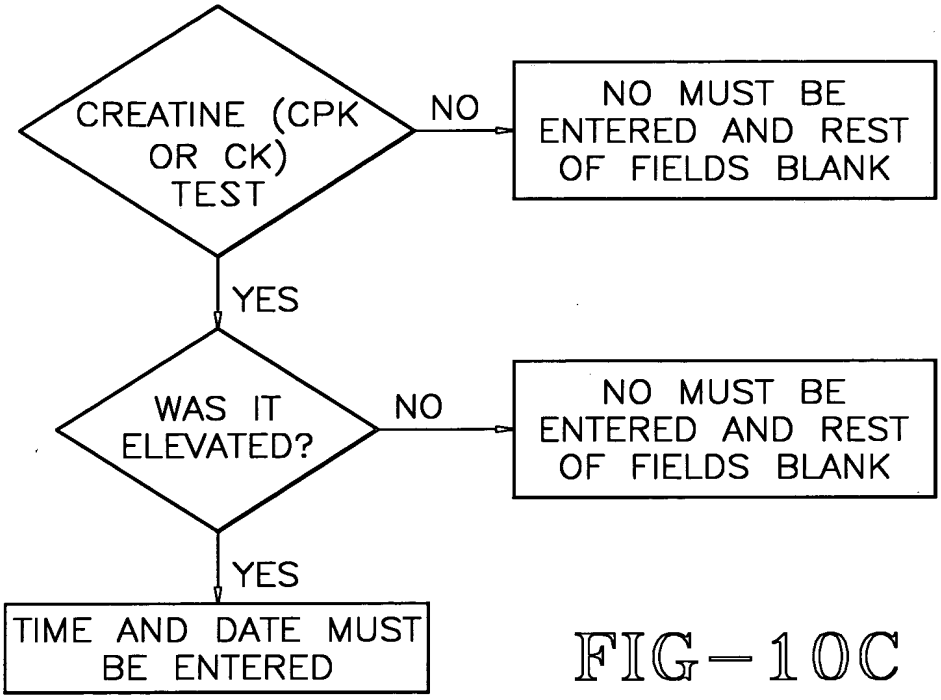


FIG-10B

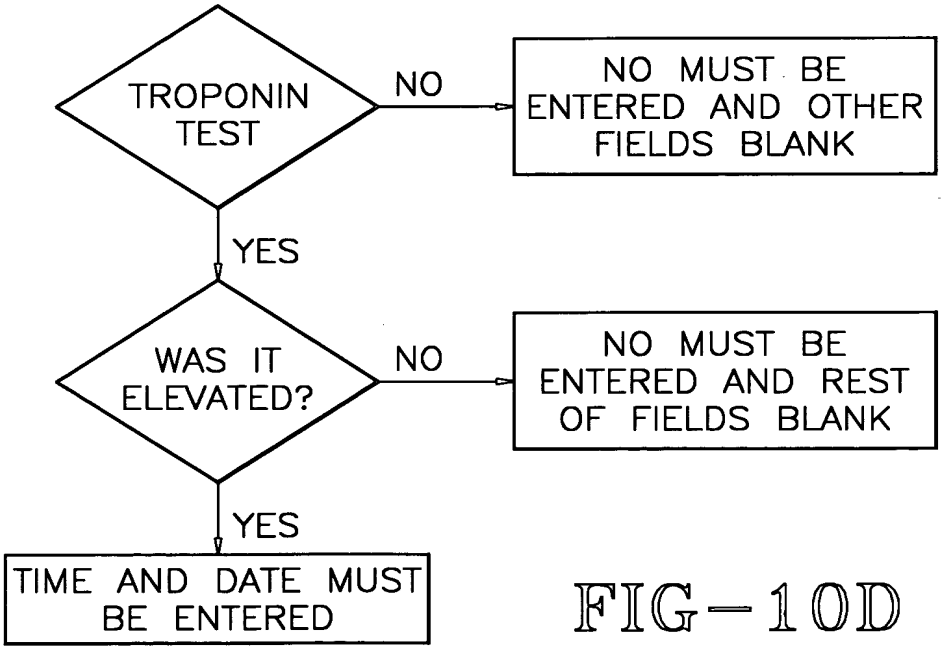
CARDIO BIOMAKERS

CREATINE (CPK OR CK)



FIG–10C

TROPONIN TESTING



FIG–10D

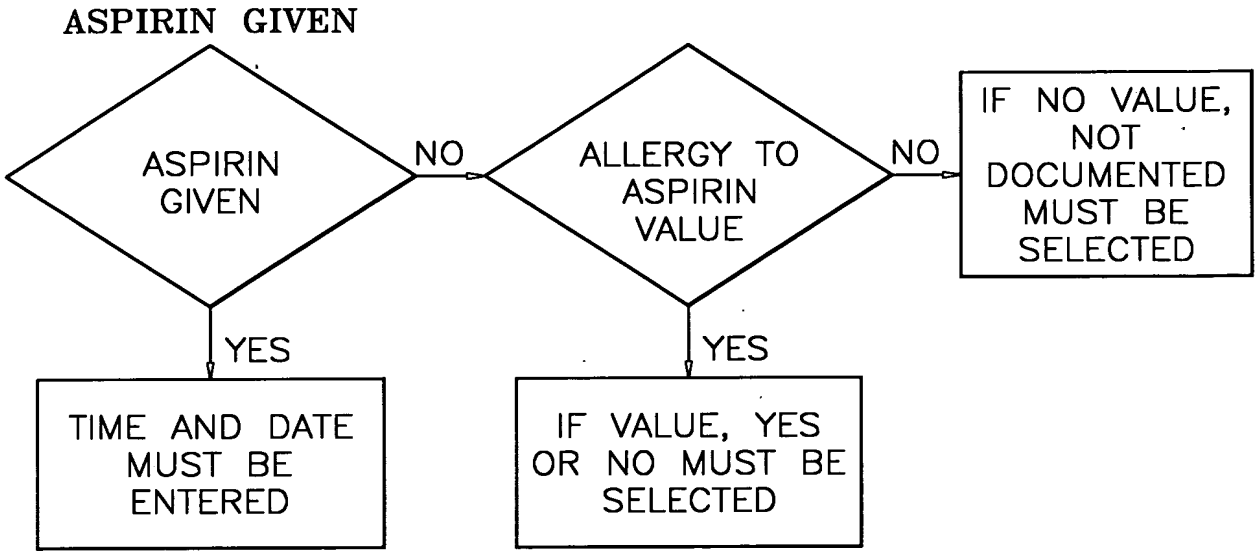


FIG-11A

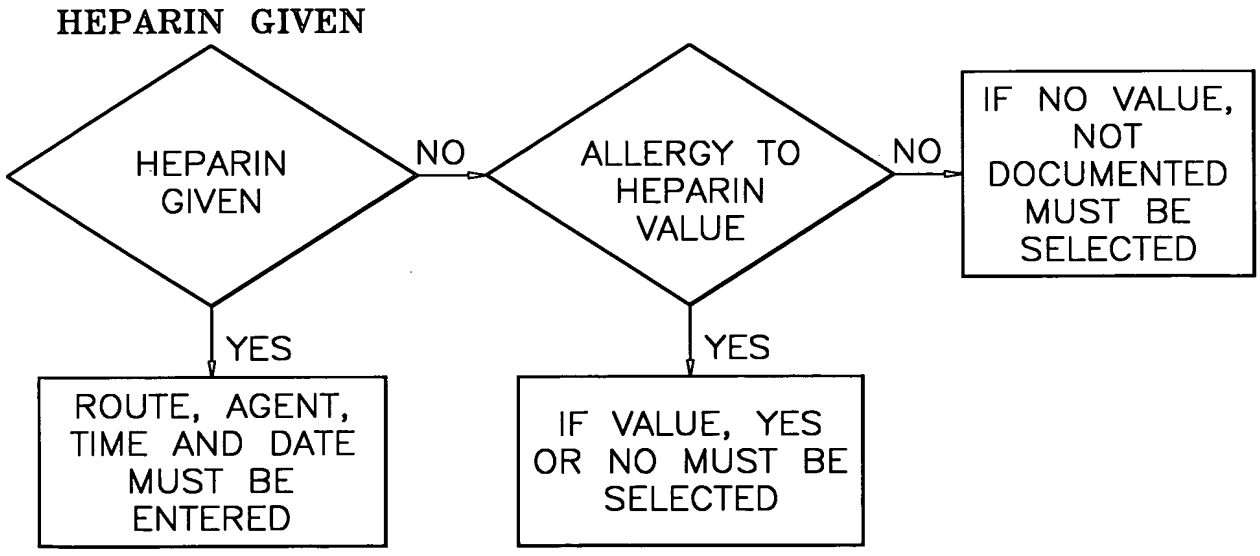
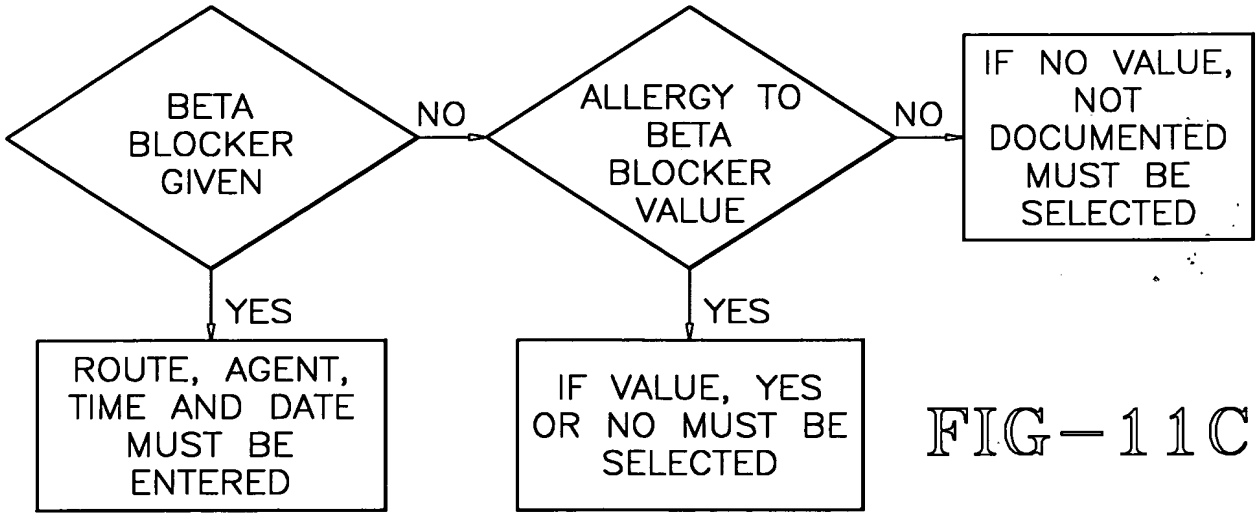


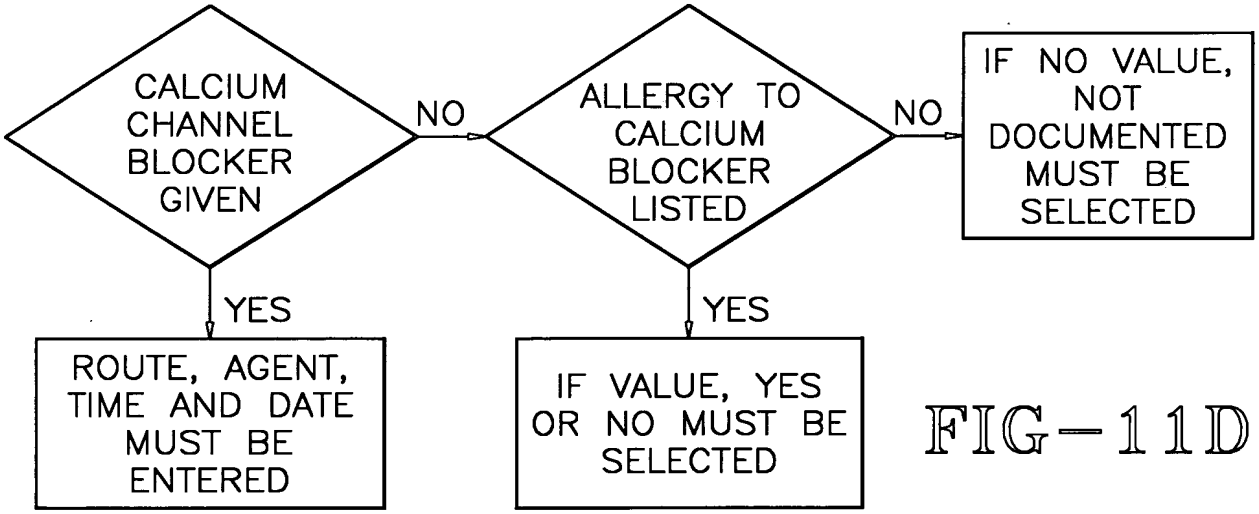
FIG-11B

BETA BLOCKER GIVEN



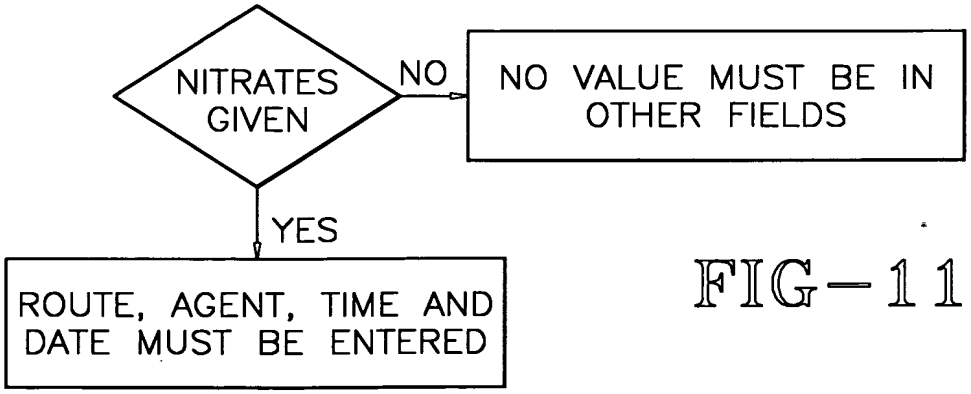
FIG—11C

CALCIUM CHANNEL BLOCKER GIVEN



FIG—11D

NITRATES GIVEN



FIG—11E

OTHER TESTING

STRESS TEST

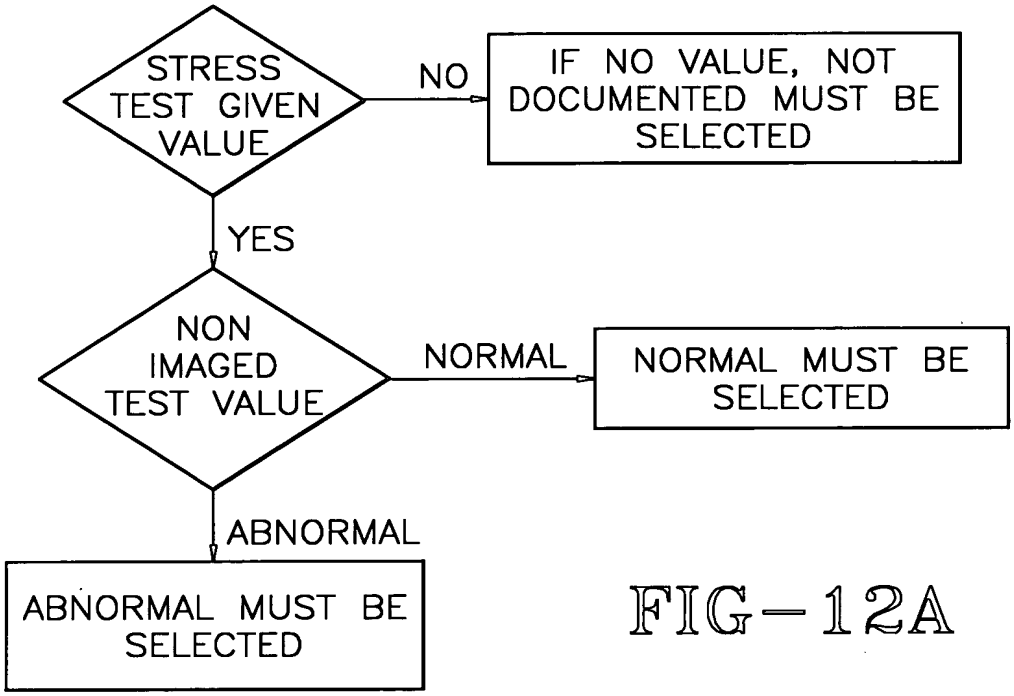


FIG-12A

NUCLEAR IMAGED STRESS

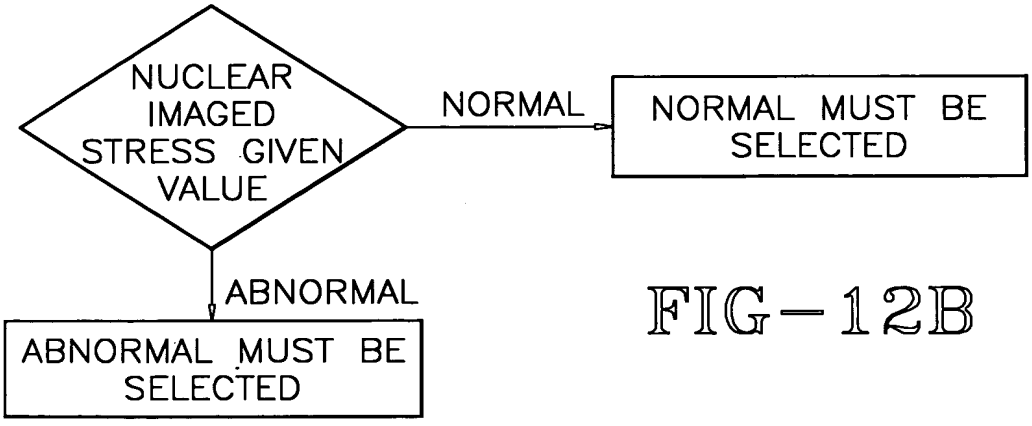


FIG-12B

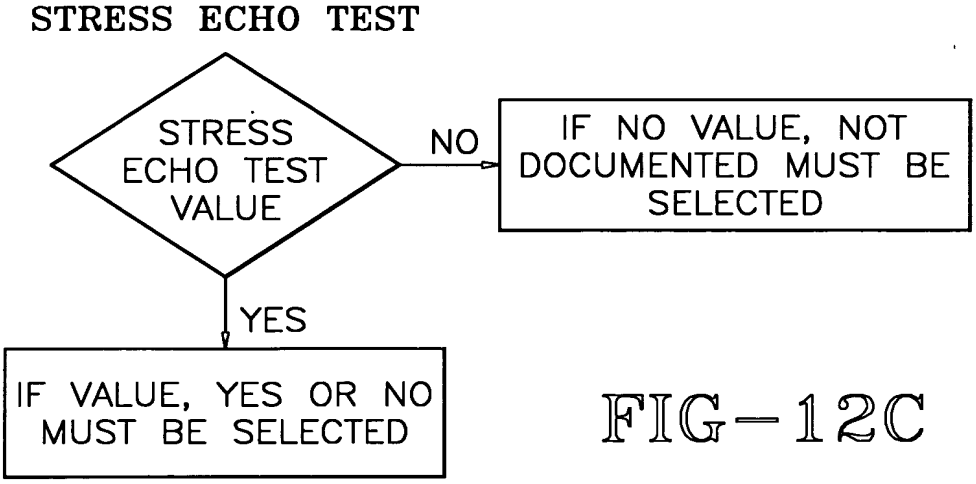


FIG-12C

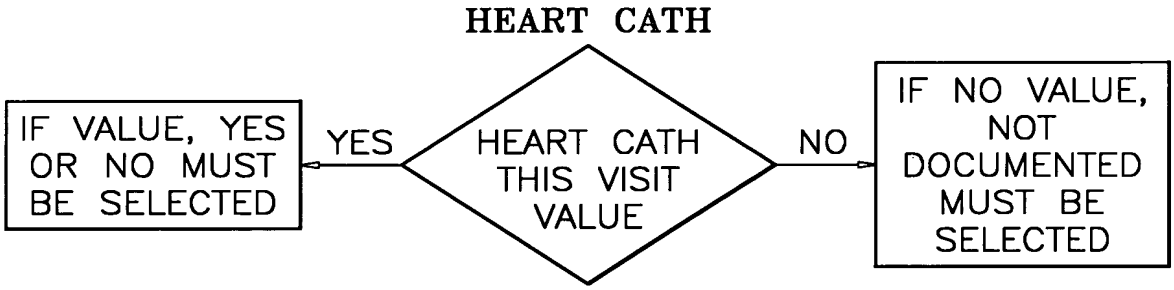


FIG-12D

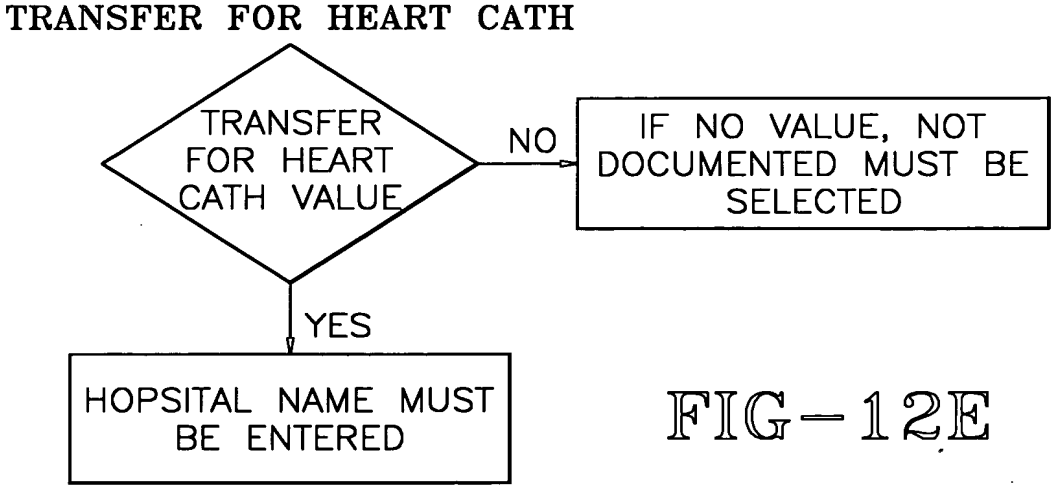
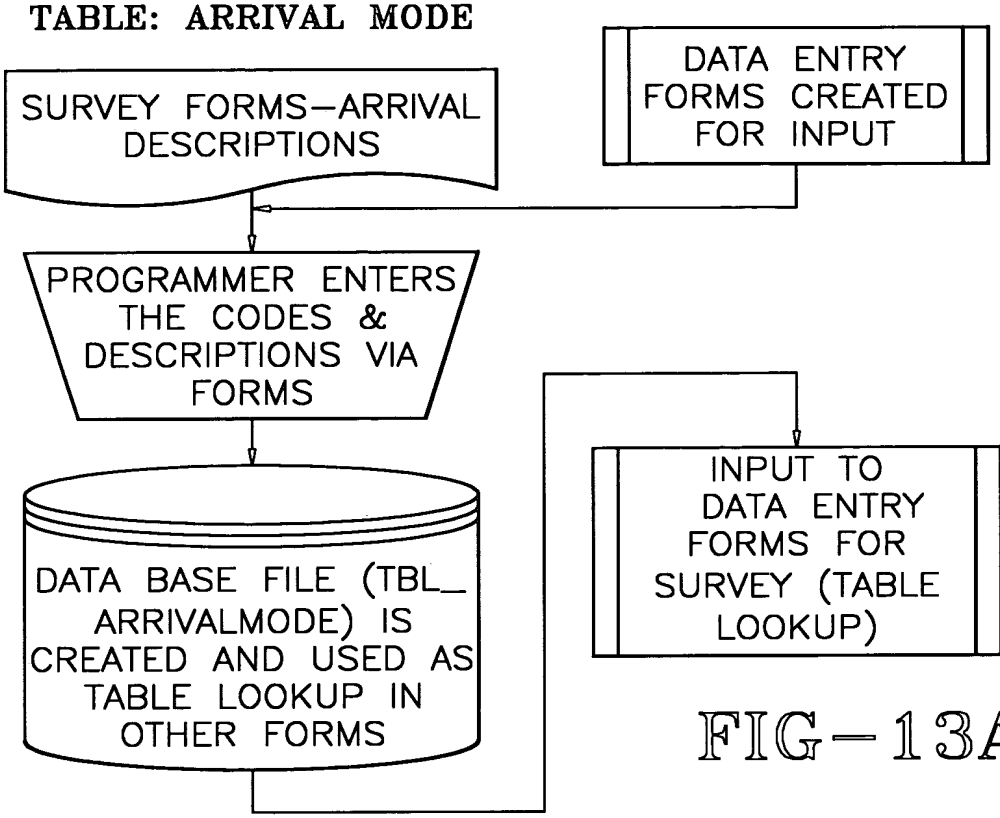


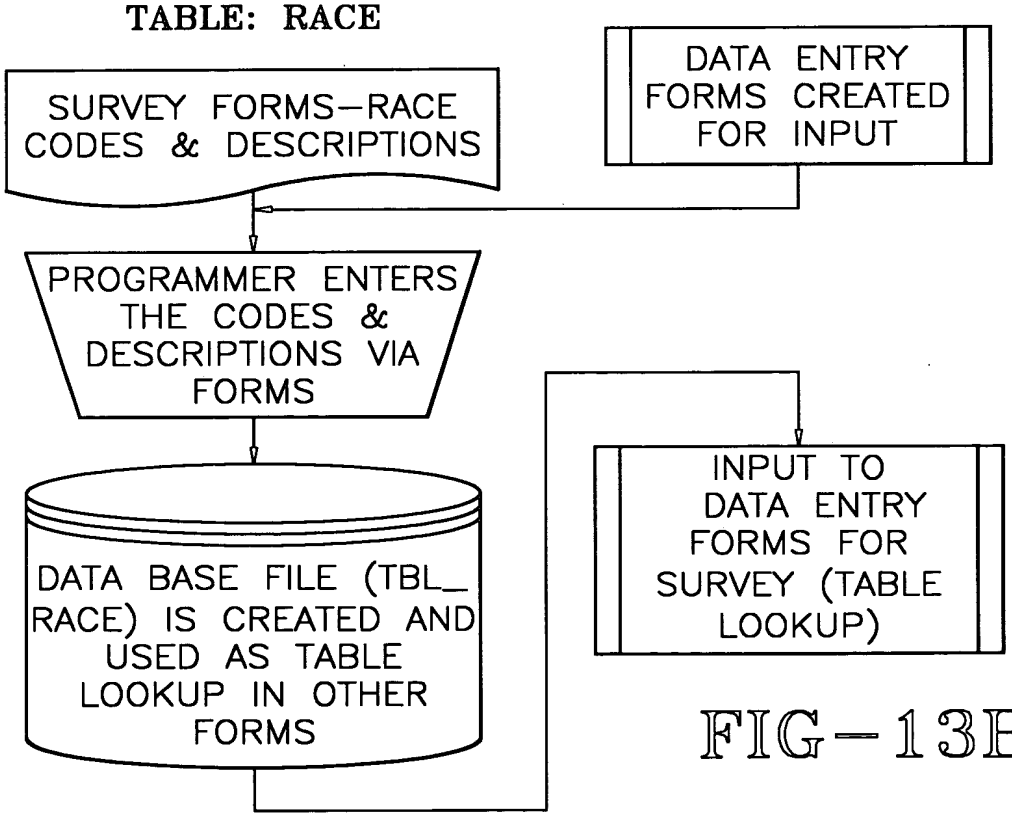
FIG-12E

TABLE: ARRIVAL MODE



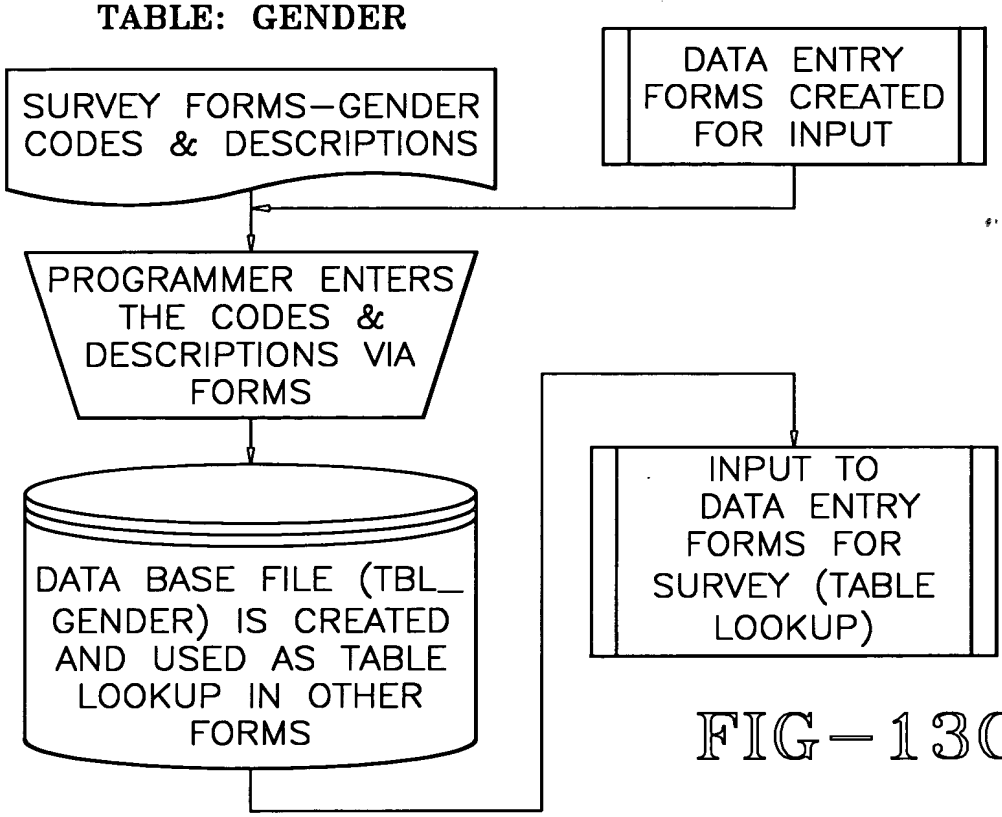
FIG–13A

TABLE: RACE



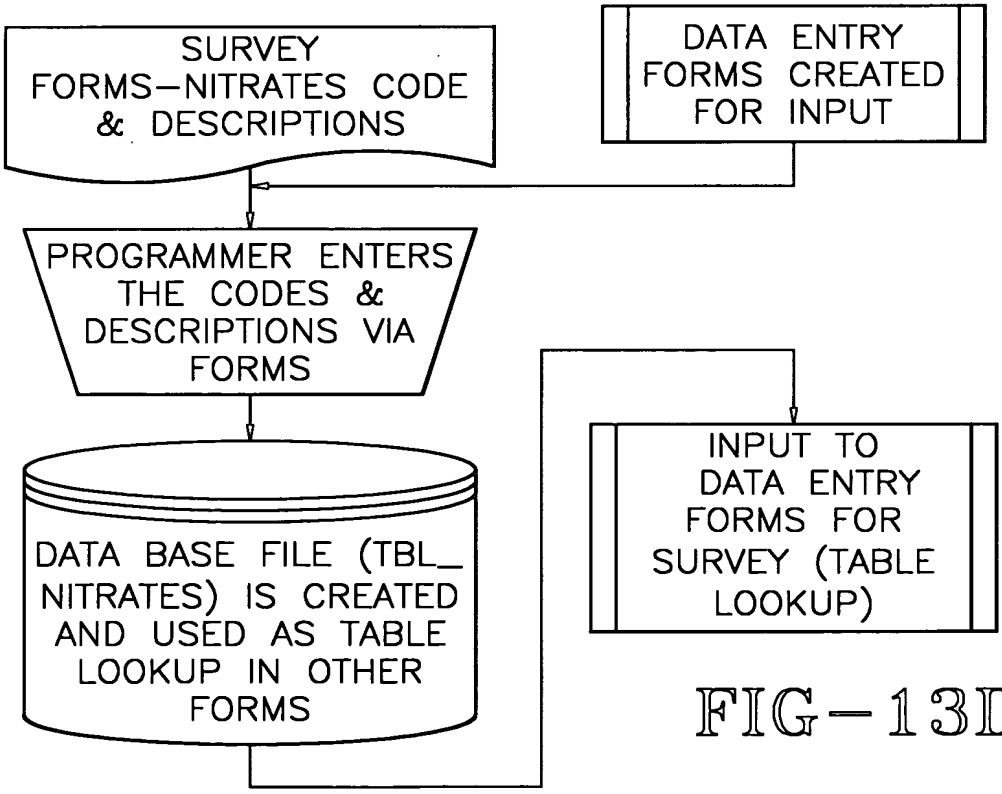
FIG–13B

TABLE: GENDER



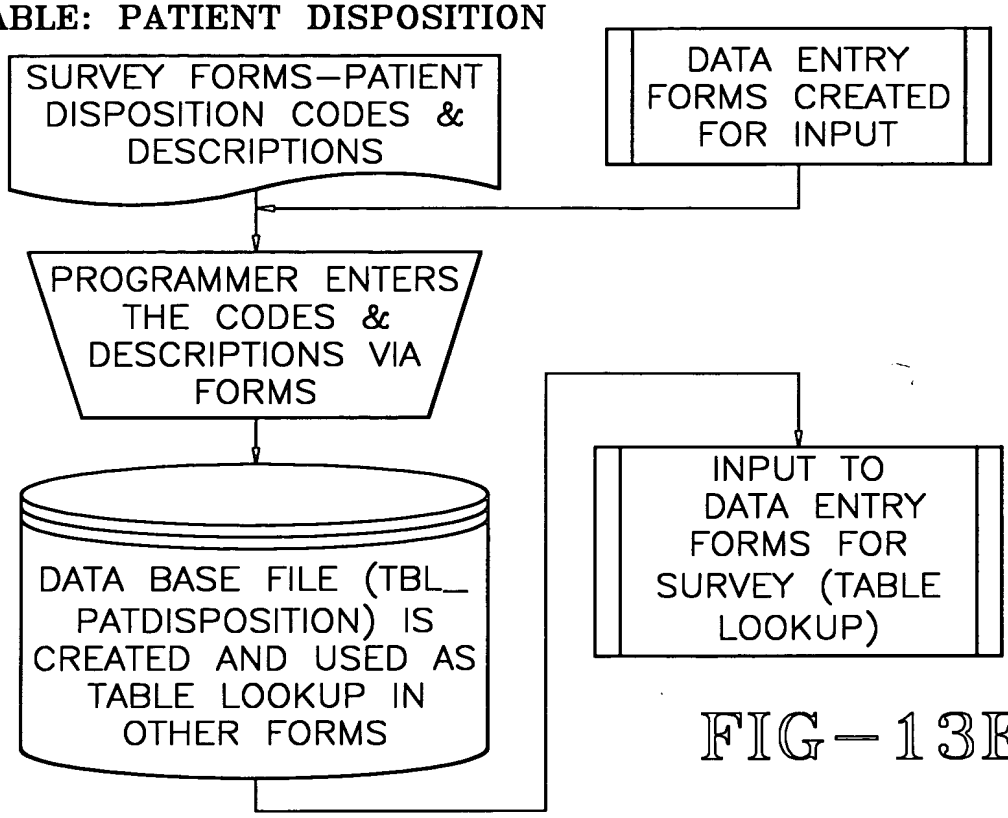
FIG–13C

TABLE: NITRATES



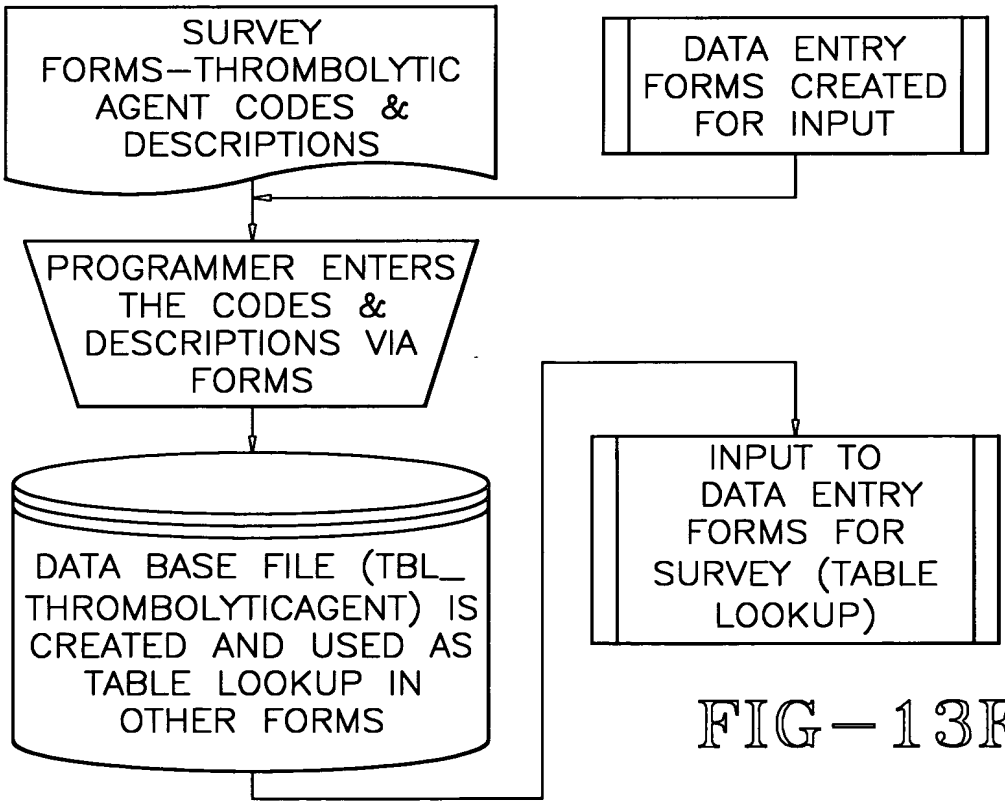
FIG–13D

TABLE: PATIENT DISPOSITION

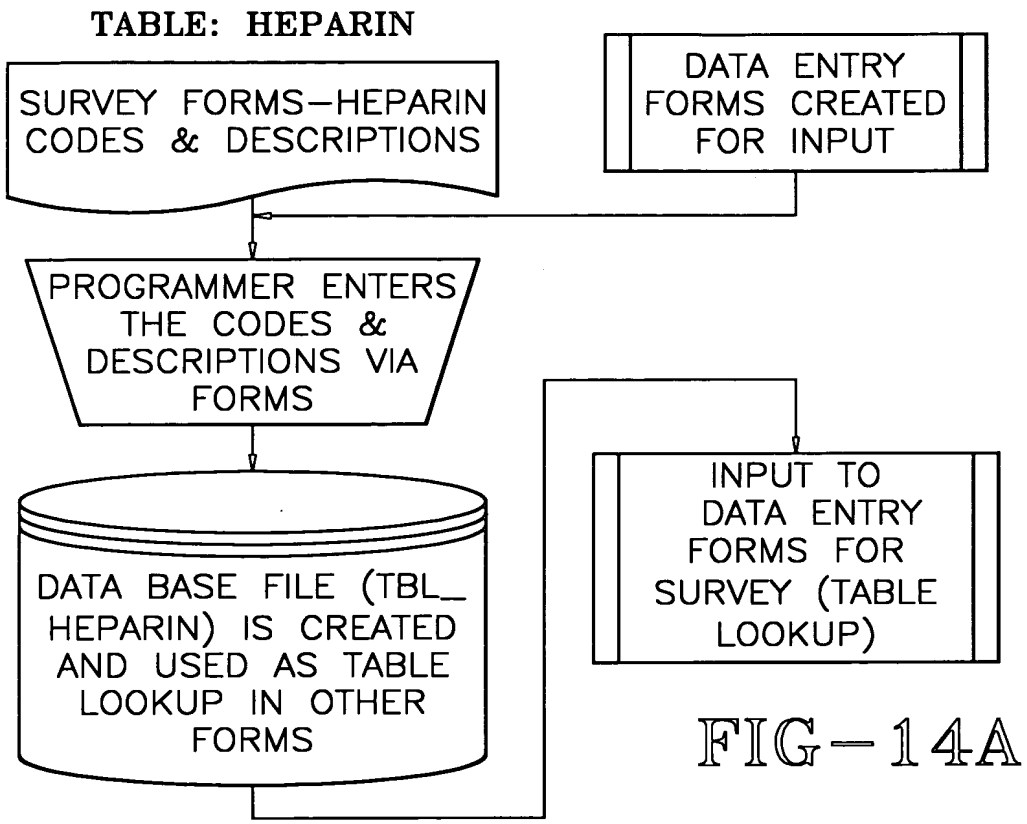


FIG–13E

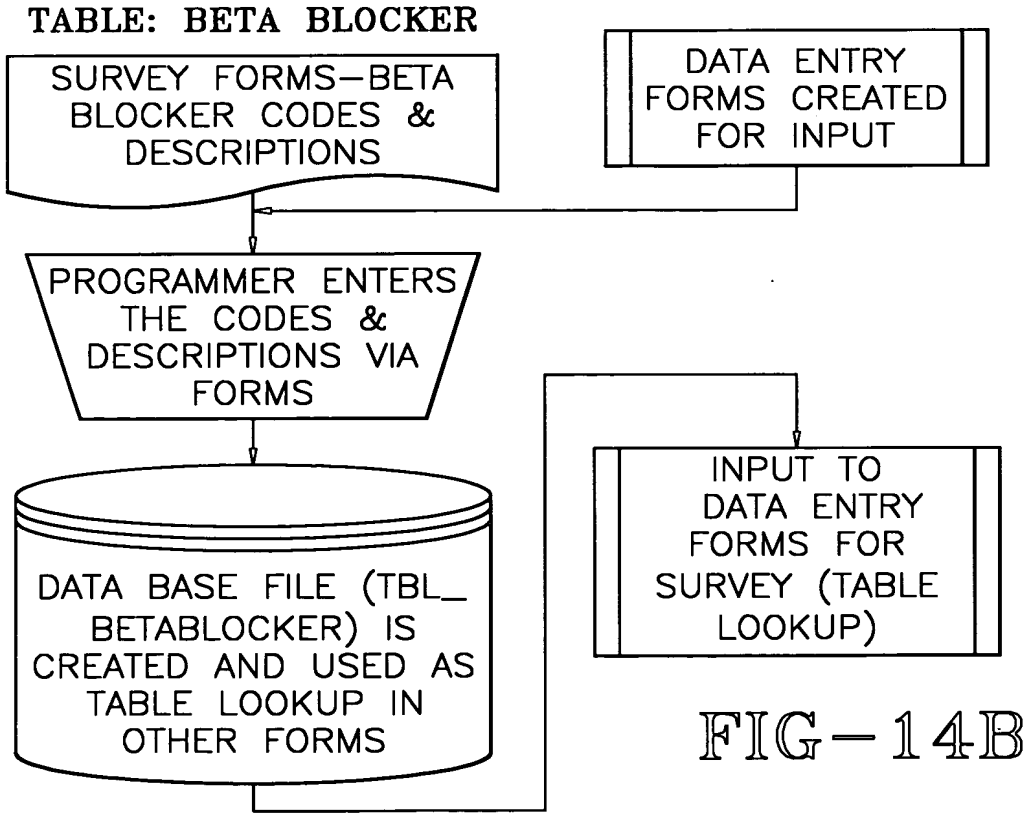
TABLE: THROMBOLYTIC AGENT



FIG–13F

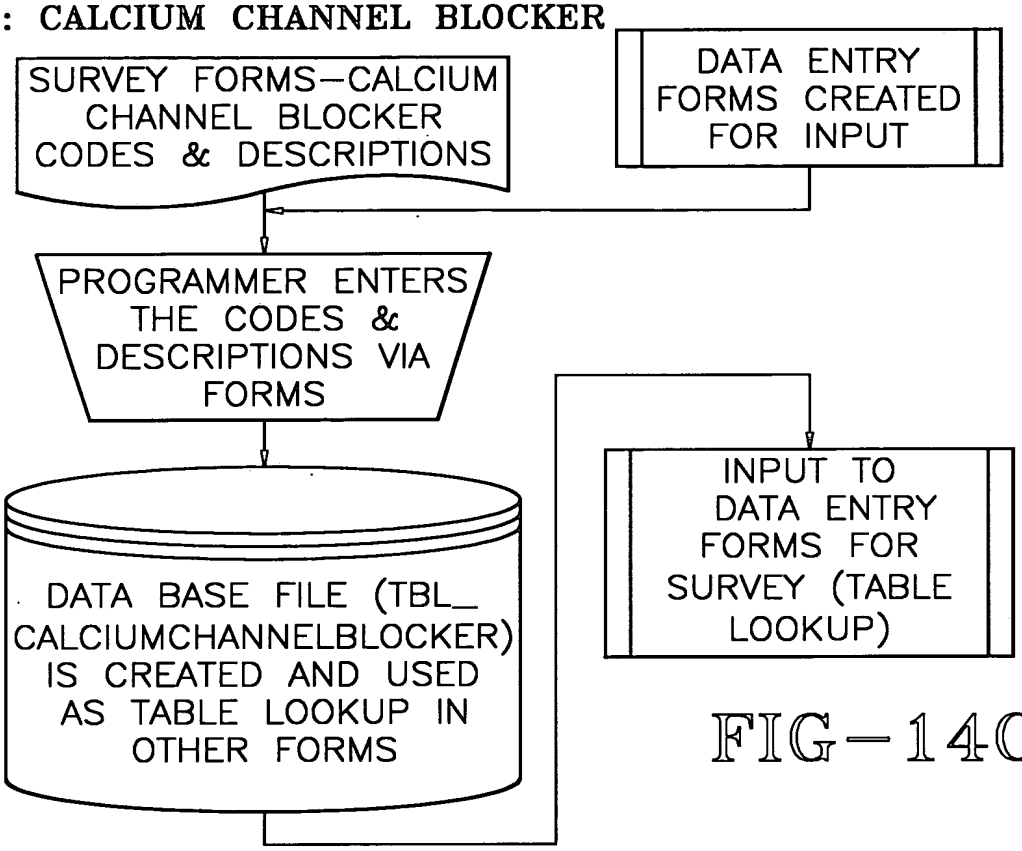


FIG–14A



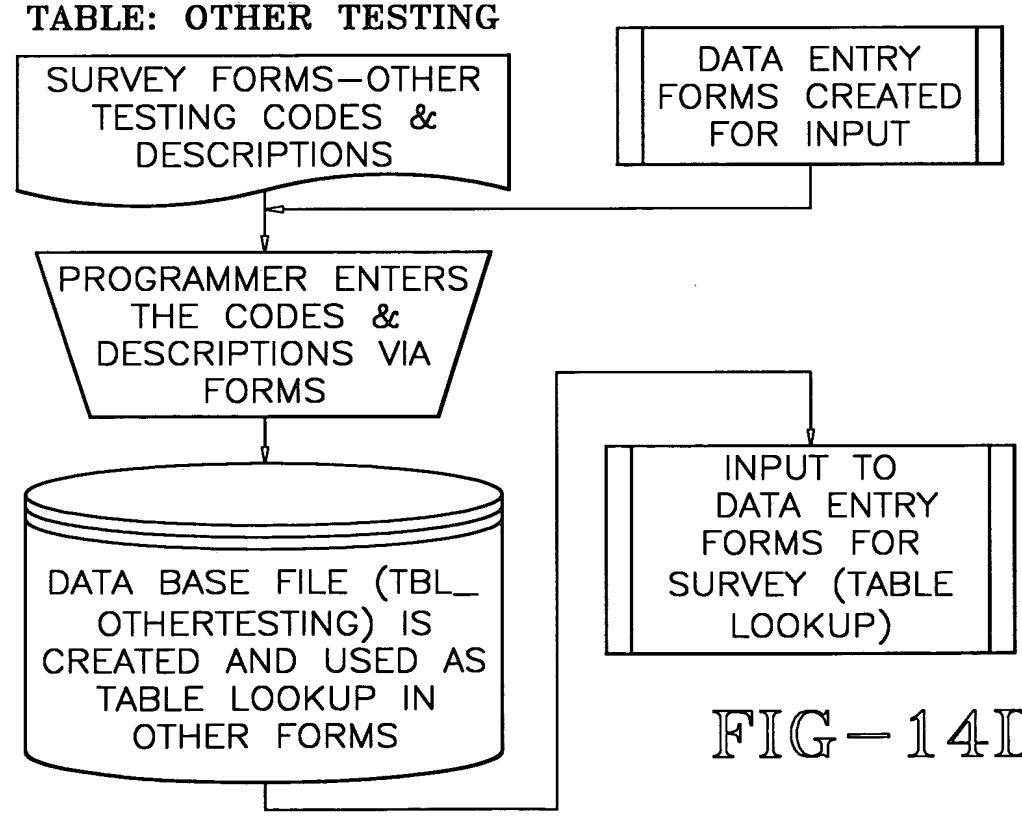
FIG–14B

TABLE: CALCIUM CHANNEL BLOCKER



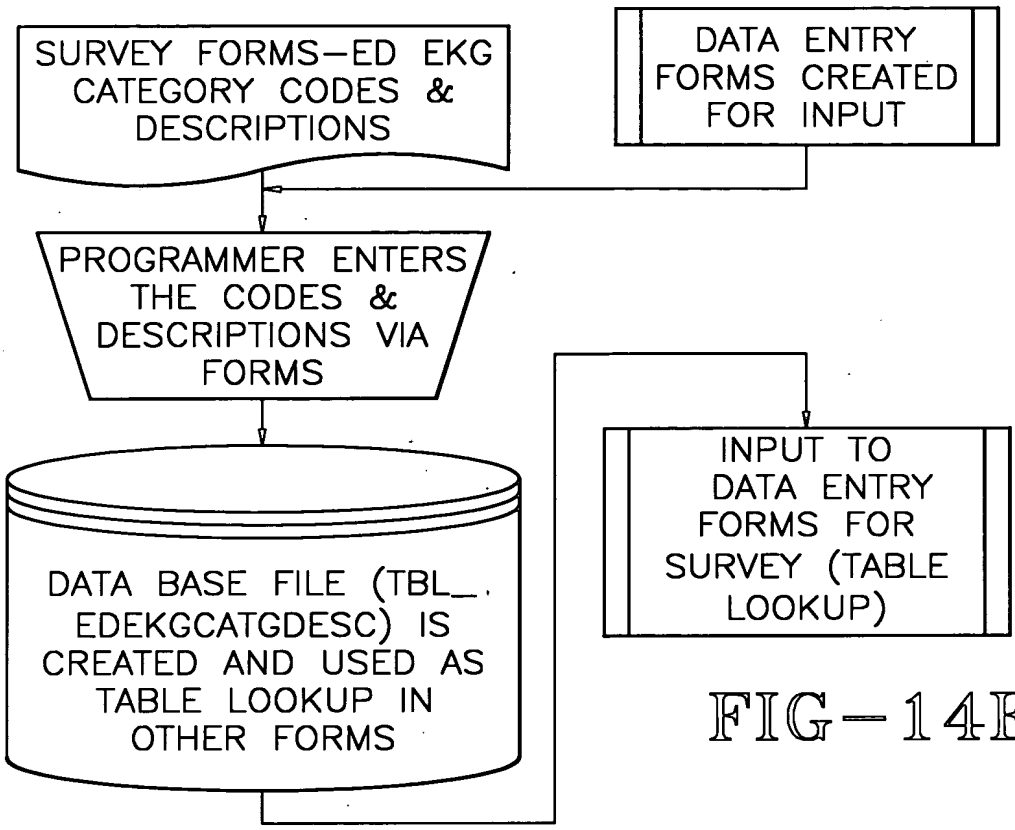
FIG–14C

TABLE: OTHER TESTING



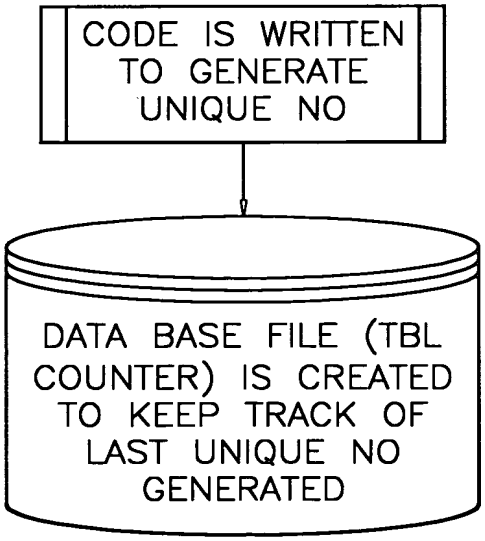
FIG–14D

TABLE: ED EKG CATEGORY DESCRIPTIONS



FIG–14E

TABLE: COUNTER



FIG–14F

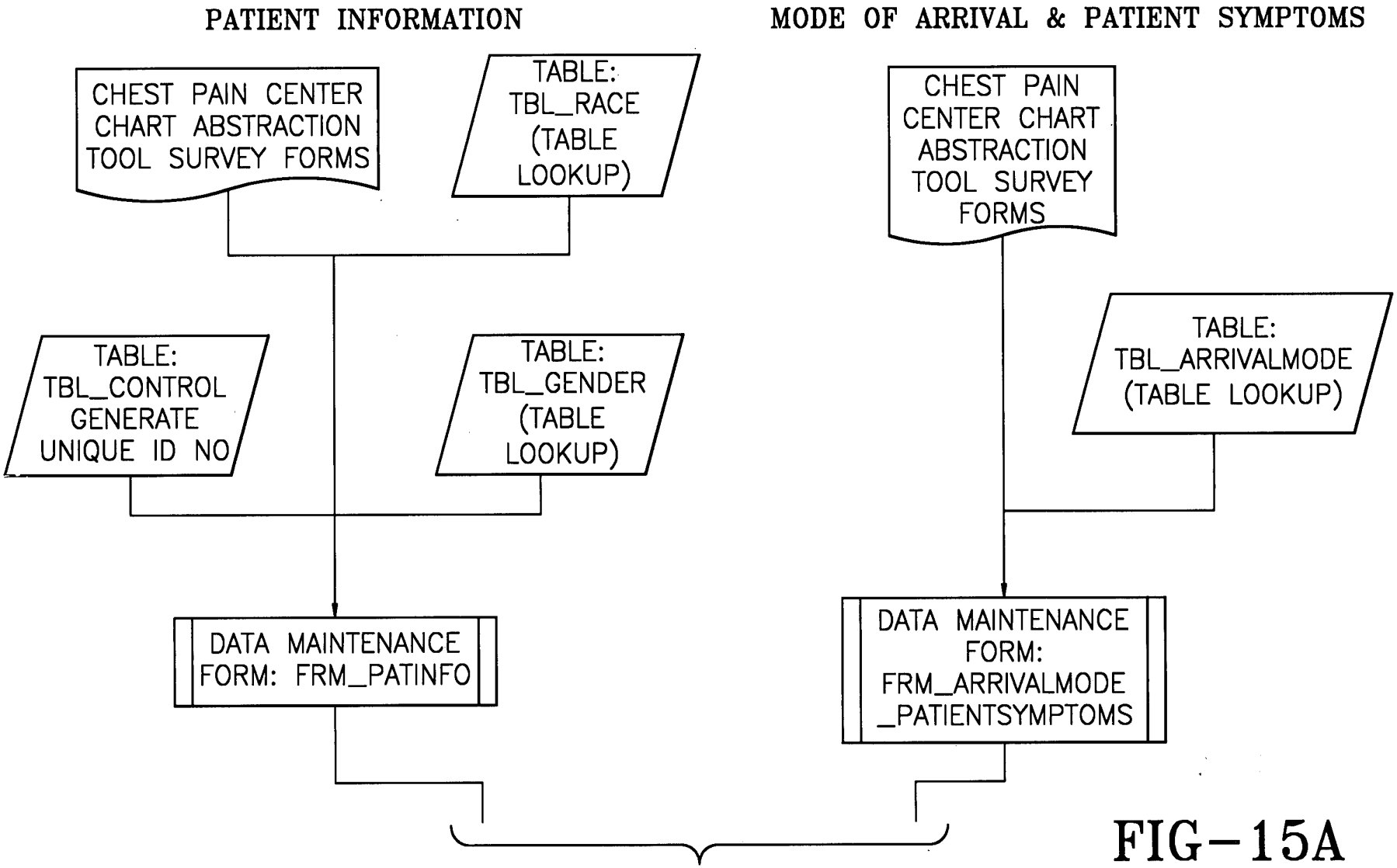

PATIENT INFORMATION
CHEST PAIN CENTER CHART ABSTRACTION TOOL SURVEY FORMS
TABLE: TBL_RACE (TABLE LOOKUP)
TABLE: TBL_CONTROL GENERATE UNIQUE ID NO
TABLE: TBL_GENDER (TABLE LOOKUP)
DATA MAINTENANCE FORM: FRM_PATINFO
MODE OF ARRIVAL & PATIENT SYMPTOMS
CHEST PAIN CENTER CHART ABSTRACTION TOOL SURVEY FORMS
TABLE: TBL_ARRIVALMODE (TABLE LOOKUP)
DATA MAINTENANCE FORM: FRM_ARRIVALMODE _PATIENTSYMPTOMS
TO FIG-15B

FIG-15A

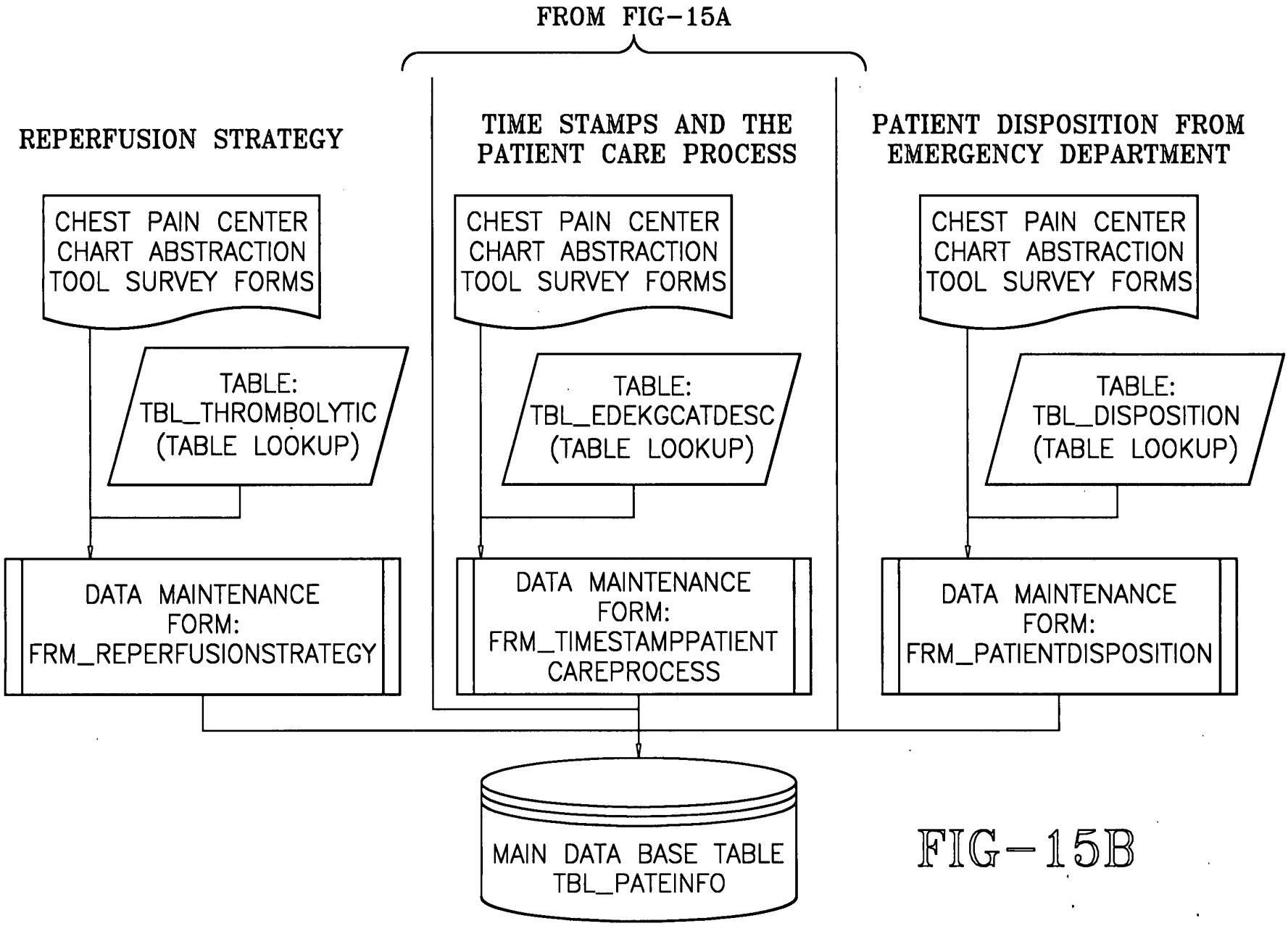

FROM FIG-15A
REPERFUSION STRATEGY
TIME STAMPS AND THE PATIENT CARE PROCESS
PATIENT DISPOSITION FROM EMERGENCY DEPARTMENT
CHEST PAIN CENTER CHART ABSTRACTION TOOL SURVEY FORMS
CHEST PAIN CENTER CHART ABSTRACTION TOOL SURVEY FORMS
CHEST PAIN CENTER CHART ABSTRACTION TOOL SURVEY FORMS
TABLE: TBL_THROMBOLYTIC (TABLE LOOKUP)
TABLE: TBL_EDEKGCATDESC (TABLE LOOKUP)
TABLE: TBL_DISPOSITION (TABLE LOOKUP)
DATA MAINTENANCE FORM: FRM_REPERFUSIONSTRATEGY
DATA MAINTENANCE FORM: FRM_TIMESTAMPPATIENT CAREPROCESS
DATA MAINTENANCE FORM: FRM_PATIENTDISPOSITION
MAIN DATA BASE TABLE TBL_PATEINFO

FIG-15B

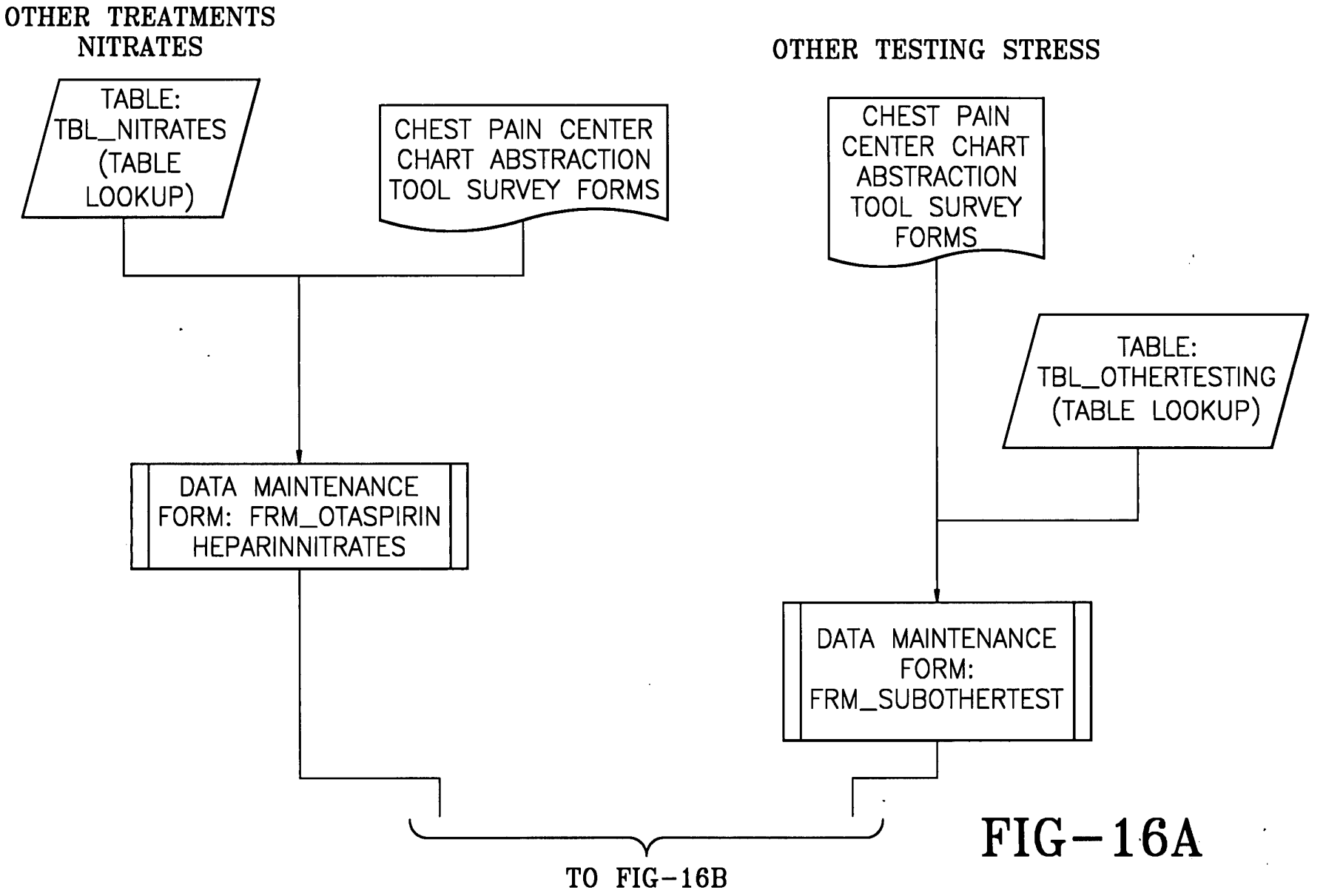

OTHER TREATMENTS
NITRATES
TABLE:
TBL_NITRATES
(TABLE
LOOKUP)
CHEST PAIN CENTER
CHART ABSTRACTION
TOOL SURVEY FORMS
DATA MAINTENANCE
FORM: FRM_OTASPIRIN
HEPARINNITRATES
OTHER TESTING STRESS
CHEST PAIN
CENTER CHART
ABSTRACTION
TOOL SURVEY
FORMS
TABLE:
TBL_OTHERTESTING
(TABLE LOOKUP)
DATA MAINTENANCE
FORM:
FRM_SUBOTHERTEST
TO FIG-16B

FIG-16A

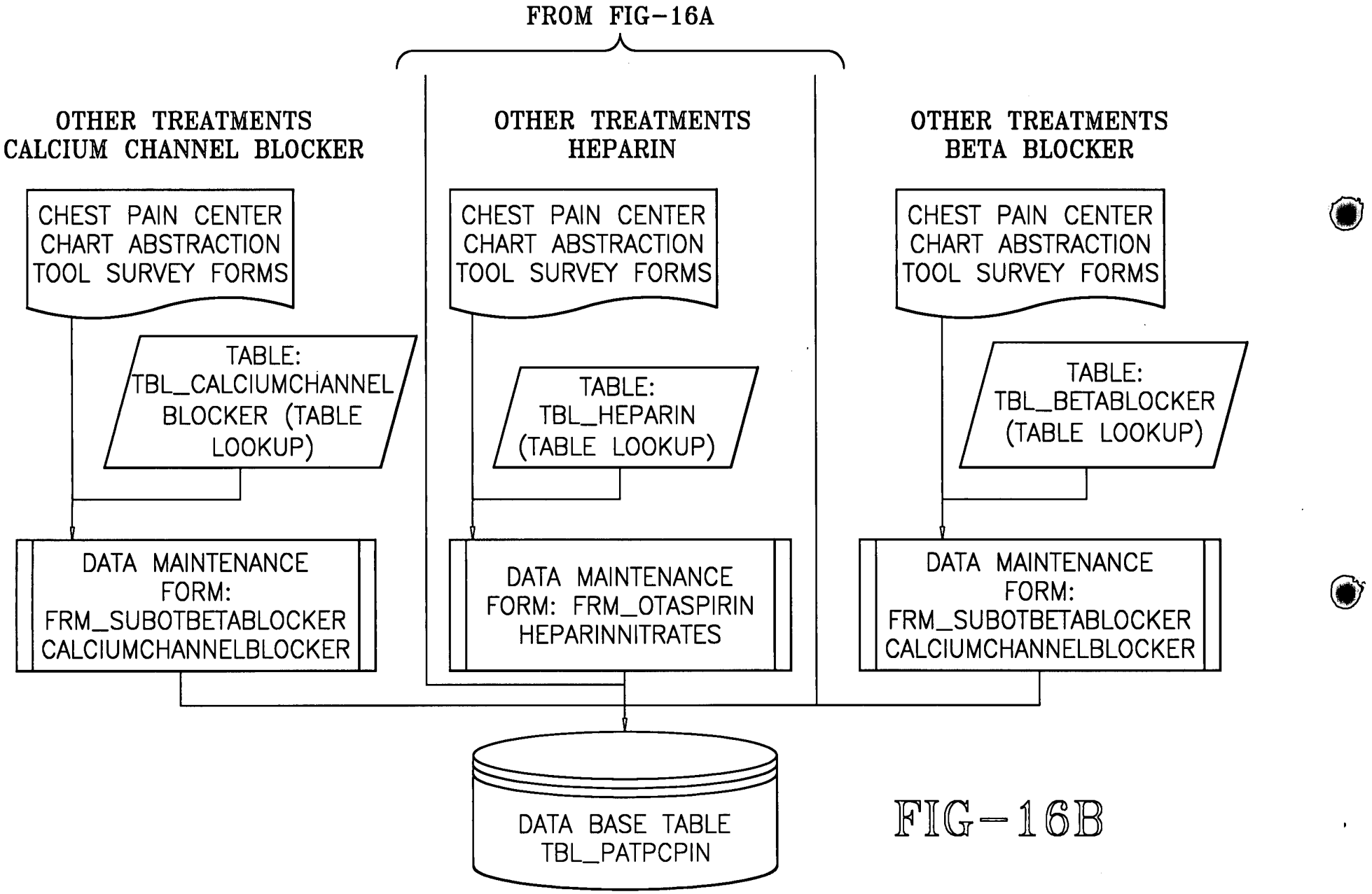

FROM FIG-16A
OTHER TREATMENTS CALCIUM CHANNEL BLOCKER
OTHER TREATMENTS HEPARIN
OTHER TREATMENTS BETA BLOCKER
CHEST PAIN CENTER CHART ABSTRACTION TOOL SURVEY FORMS
CHEST PAIN CENTER CHART ABSTRACTION TOOL SURVEY FORMS
CHEST PAIN CENTER CHART ABSTRACTION TOOL SURVEY FORMS
TABLE: TBL_CALCIUMCHANNEL BLOCKER (TABLE LOOKUP)
TABLE: TBL_HEPARIN (TABLE LOOKUP)
TABLE: TBL_BETABLOCKER (TABLE LOOKUP)
DATA MAINTENANCE FORM: FRM_SUBOTBETABLOCKER CALCIUMCHANNELBLOCKER
DATA MAINTENANCE FORM: FRM_OTASPIRIN HEPARINNITRATES
DATA MAINTENANCE FORM: FRM_SUBOTBETABLOCKER CALCIUMCHANNELBLOCKER
DATA BASE TABLE TBL_PATPCPIN

FIG-16B

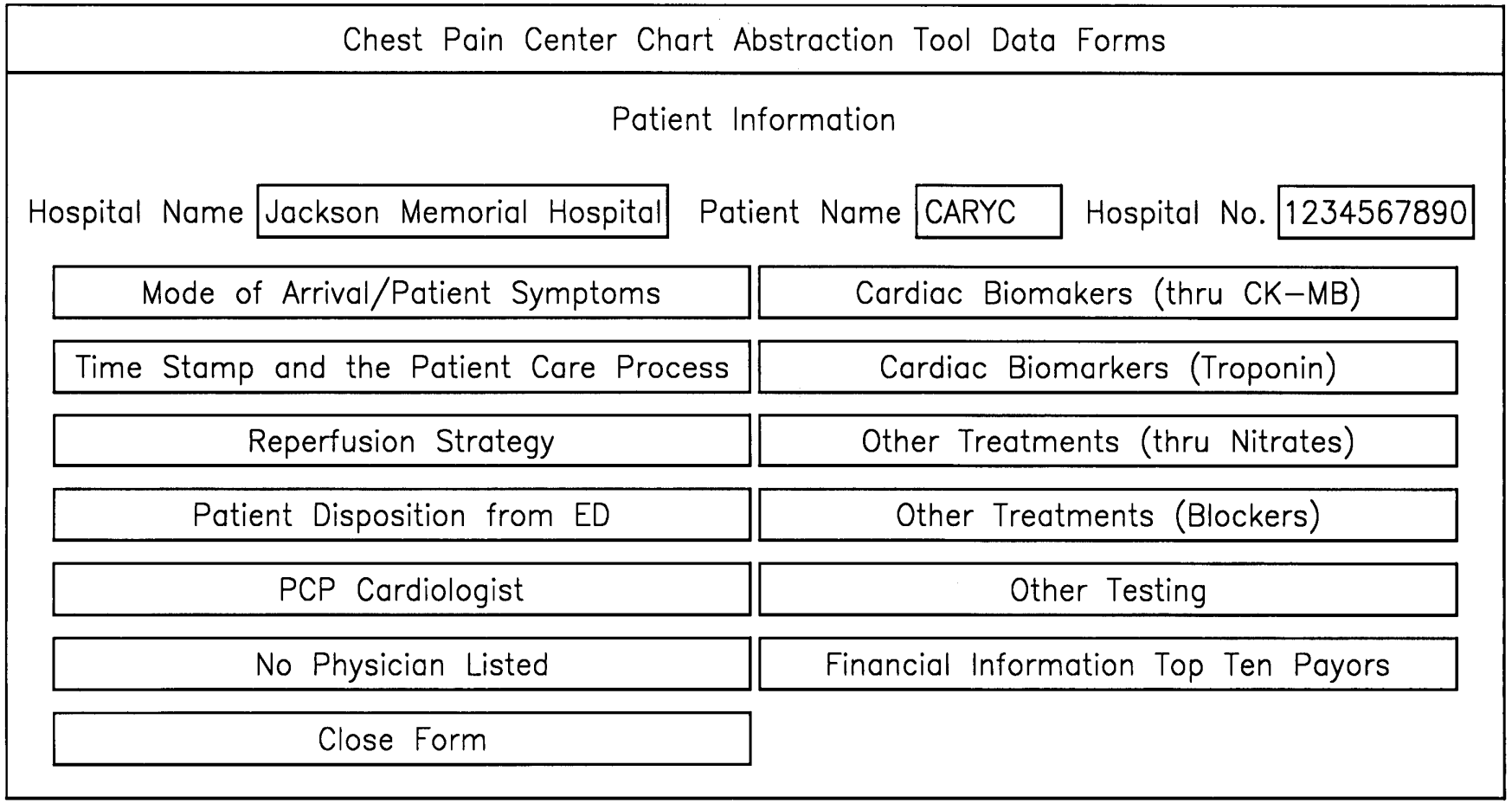
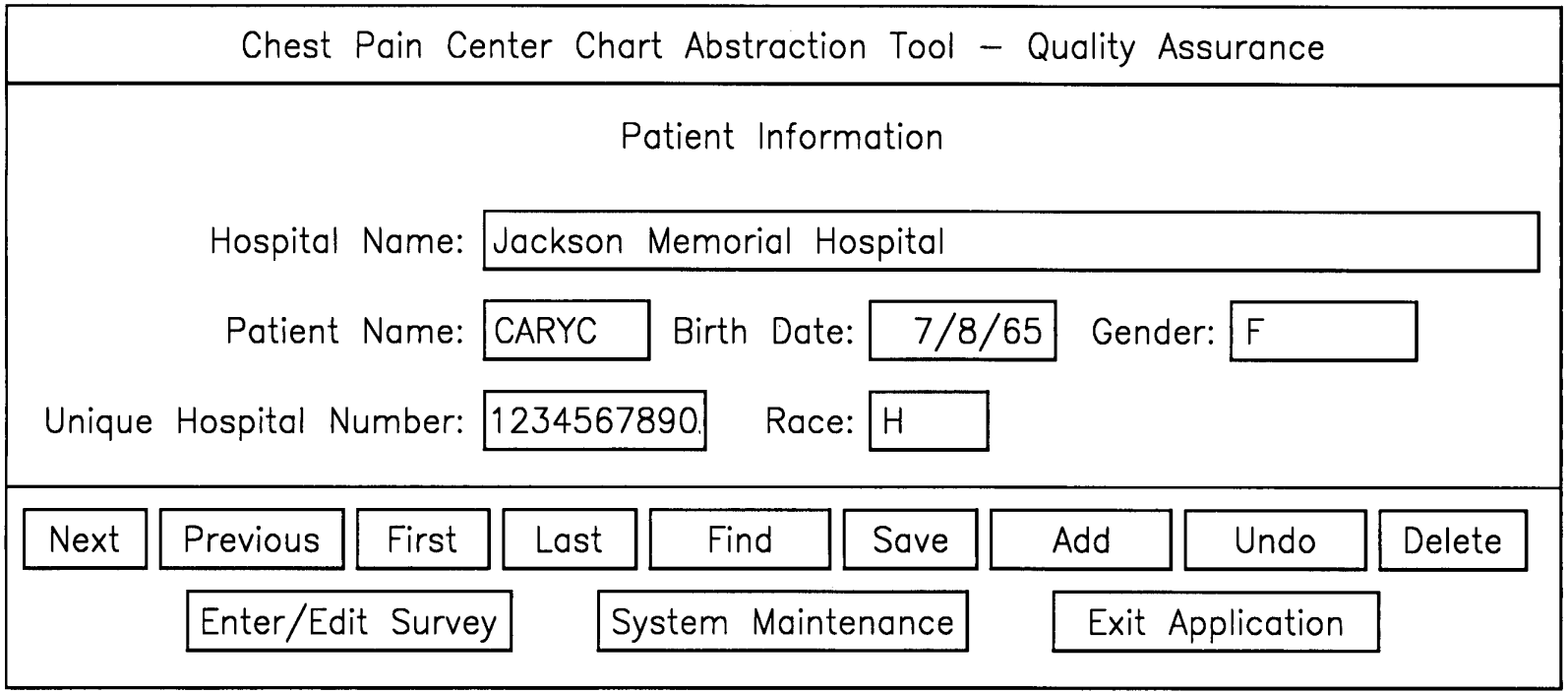

Chest Pain Center Chart Abstraction Tool Data Forms
Patient Information
Hospital Name
Jackson Memorial Hospital
Patient Name
CARYC
Hospital No.
1234567890
Mode of Arrival/Patient Symptoms
Time Stamp and the Patient Care Process
Reperfusion Strategy
Patient Disposition from ED
PCP Cardiologist
No Physician Listed
Close Form
Cardiac Biomakers (thru CK-MB)
Cardiac Biomarkers (Troponin)
Other Treatments (thru Nitrates)
Other Treatments (Blockers)
Other Testing
Financial Information Top Ten Payors

FIG-17A


Chest Pain Center Chart Abstraction Tool – Quality Assurance
Patient Information
Hospital Name:
Jackson Memorial Hospital
Patient Name:
CARYC
Birth Date:
7/8/65
Gender:
F
Unique Hospital Number:
1234567890
Race:
H
Next
Previous
First
Last
Find
Save
Add
Undo
Delete
Enter/Edit Survey
System Maintenance
Exit Application

FIG–17B

Patient Information

Hospital Name: Jackson Memorial Hospital | Patient Name: CARYC | Hospital No.: 1234567890

Mode of Arrival

Mode of Arrival: OTHER

Time of Fire & Rescue Notification:

Time Fire & Rescue Arrival:

Which Fire & Rescue Unit Responded:

Transfer Facility Name:

Other Transfer Description: KKKKK

Patient Symptoms

Chest Pain: ☐	Chest Discomfort: ☒	Angina: ☒
Chest Hurts: ☒	I'm having heart attack ☒	Neck pain: ☒
Arm/shoulder pain: ☒	Short of breath ☒	Abdominal pain: ☒
Other: ☒	Other Symptom Description: TEST	

Time of first onset of significant symptoms: 12:00 Not Documented: ☐

Date of first onset of significant symptoms (if different from ED arrival date): 11/11/95

Close Form | Time Stamp and the Patient Care Process

FIG-17C

Patient Information

Hospital Name: Jackson Memorial Hospital | Patient Name: CARYC | Hospital No.: 1234567890

Time Stamp and the Patient Care Process

Date ED Visit:	11/11/95	Not Documented: ☐
Time of Arrival at ED:		Not Documented: ☒
Time of first ED EKG:		Not Documented: ☒
Date first ED EKG (if different from arrival date):	11/11/95	
Time the first EKG seen by ED doctor:		Not Documented: ☒
Date first ED EKG seen by ED doctor (if different from arrival date):	11/11/95	
Time doctor makes decision to use thrombolytic or direct angioplasty:		Not Documented: ☒
Date doctor makes decision (if different from arrival date):	11/11/95	

What was the first ED EKG (as read by the ED physician)? DIAGNOSTIC ACUTE ISCHEMIA/INFR

Did the ED physician document his/her EKG interpretation? ☒ Yes ☐ No

Did the ED physician sign his/her EKG interpretation? ☒ Yes ☐ No

What was the first ED EKG (as read by the official reader)? ABNORMAL NONDIAGNOSTIC ACUTE

Time of first EKG felt to be diagnostic for acute ischemia/infarction:

Date of first diagnostic EKG (if different from arrival date):

How did the official reader interpret this EKG? ABNORMAL NONDIAGNOSTIC ACUTE

Close Form | Reperfusion Strategy

FIG-17D

Patient Information

Hospital Name: Jackson Memorial Hospital Patient Name: CARYC Hospital No.: 1234567890

Reperfusion Strategy

Thrombolytic agent given?
- [ ] Yes
- [x] No

Thrombolytic Agent Type?

Time Thrombolytic agent initiated:

Date (if different from arrival date):

Did patient reperfuse?
- [x] Yes
- [ ] No

Did patient undergo rescue angioplasty?

Primary angioplasty?
- [ ] Yes
- [x] No

Time to wire:

Date (if different from arrival date): Time artery opened:

Close Form Patient Disposition from ED

FIG-17E

Patient Information

Hospital Name: Jackson Memorial Hospital | Patient Name: CARYC | Hospital No.: 1234567890

Patient Disposition from Emergency Department

Patient Disposition from Emergency Department: TRANSFER HOSPITAL

If admitted to hospital, what unit did the patient get admitted to:

If transferred to another hospital, which hospital: lkùjhlkjhlk

Time ED physician made decision to admit or transfer:

Date (if different from arrival date): 11/11/95 Time patient actually left ED: 15:45

Date (if different from arrival date): 11/11/95

Final ED Diagnosis (2) (from ED record)

First Dx:		Billing Code:		Not Documented:	☐
Second Dx:		Billing Code:	tttt	Not Documented:	☐

Close Form

PCP Cardiologist

Final Hospital Discharge Diagnosis (3) (from hospital chart if patient was admitted)

First Dx:		DRG Code	tttt	Not Documented:	☐
Second Dx:	gggg	DRG Code		Not Documented:	☐
Third Dx:		DRG Code	gggg	Not Documented:	☐

Caregiver Information

Name of Emergency Physician caring for patient:

Name of Emergency Nurse caring for patient:

FIG-17F

Patient Information

Hospital Name: Jackson Memorial Hospital Patient Name: CARYC Hospital No.: 1234567890

Primary Care Physician

Did patient list a primary care physician?
☐ Yes ☒ No

If yes, name:

Was the primary care physician called? ☐ Not Documented: ☐

If yes, time PCP was called: ☐ Not Documented: ☐

If yes, time PCP returned the call: ☐ Not Documented: ☐

If yes, unable to reach the PCP: ☐

Cardiologist

Did patient list a cardiologist?
☐ Yes ☒ No

If yes, name:

Was a Cardiologist called? ☐ Not Documented: ☐

If yes, time Cardiologist was called: ☐ Not Documented: ☐

If yes, time Cardiologist returned the call: ☐ Not Documented: ☐

If yes, unable to reach the Cardiologist: ☐

Close Form No Physician Listed

FIG-17G

Patient Information

Hospital Name [Jackson Memorial Hospital] Patient Name [CARYC] Hospital No. [1234567890]

No Physician Listed

Was patient "unassigned" (did not have a physician)?

☐ Yes ☒ No

If yes, was the "on call" PCP called? [ ] Not Documented: ☐

If yes, time "on call" PCP was called: [ ] Not Documented: ☐

If yes, time "on call" PCP returned the call: [ ] Not Documented: ☐

If yes, unable to reach the "on call" PCP: [ ]

[Close Form] [Cardiac Biomarkers (thru CK-MB)]

FIG-17H

Cardiac Biomarkers

Was myoglobin testing done?
☐ Yes ☒ No

Was it elevated? ☐

If elevated, what was time of first abnormal test: ☐
Date (if different from arrival date): ☐

Was creatine kinase (CPK or CK) testing done?
☐ Yes ☒ No

Was it elevated? ☐

If elevated, what was time of first abnormal test: ☐
Date (if different from arrival date): ☐

Was creatine kinase MB(CK–MB) testing done?
☐ Yes ☒ No

Was it elevated? ☐

If elevated, what was time of first abnormal test: ☐
Date (if different from arrival date): ☐

FIG–17I

Cardiac Biomarkers

Was Troponin testing done?
☐ Yes ☒ No

Was it elevated? ☐

If elevated, what was time of first abnormal test: ☐
Date (if different from arrival date): ☐

Was only a single CPK, CK or CK-MB done?
☐ Yes ☒ No

Was it elevated? ☐

Was a 0-6-12 hour protocol followed? ☐
Was a 0-8-16 hour protocol followed? ☐

FIG-17J

Other Treatments

Aspirin given?
- ☐ Yes
- ☒ No

If yes, time first aspirin given:
Date (if different from arrival date):
If no, allergy to aspirin listed:

Heparin given?
- ☐ Yes
- ☒ No

If yes, route:
Time first heparin given:
Date (if different from arrival date):
If no, allergy to heparin listed:

Nitrates given?
- ☐ Yes
- ☒ No

If yes, route:
Name of agent used:
Time first nitrate given:
Date (if different from arrival date):

FIG-17K

Other Treatments

Beta Blocker given?
- ☐ Yes
- ☒ No

If yes, route:
Name of agent used:
Time first Beta Blocker given:
Date (if different from arrival date):
If no, allergy to Beta Blocker listed:

Calcium Channel Blocker given?
- ☐ Yes
- ☒ No

If yes, route:
Name of agent used:
Time first calcium channel blocker given:
Date (if different from arrival date):
If no, allergy to calcium channel blocker listed:

FIG-17L

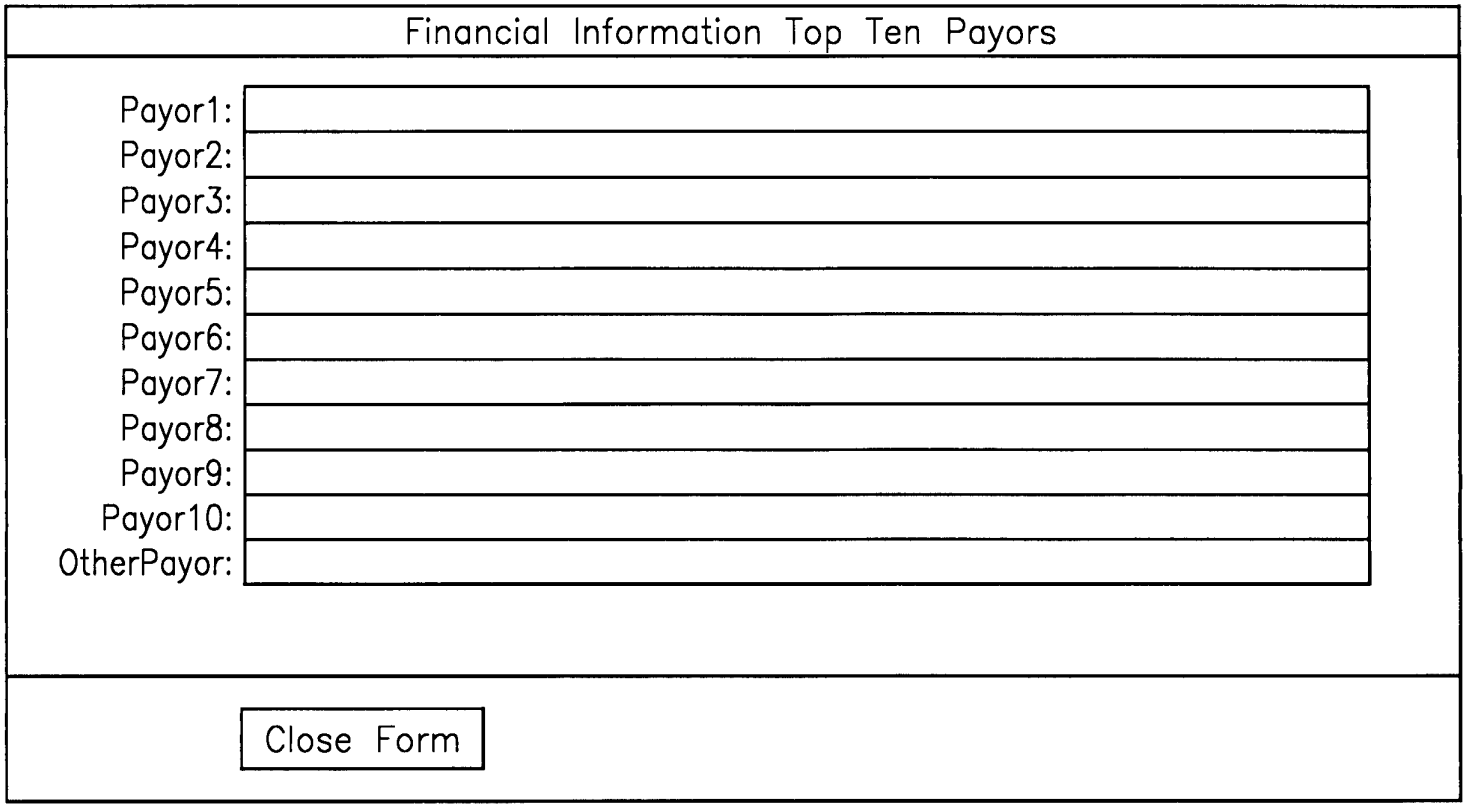

Financial Information Top Ten Payors
Payor1:
Payor2:
Payor3:
Payor4:
Payor5:
Payor6:
Payor7:
Payor8:
Payor9:
Payor10:
OtherPayor:
Close Form

FIG-17M